N. B.—WRIT

V. S. No. 1

STATE (	OF	MARYL	AND-	CERTIFI	CATE	OF	DEATH
---------	----	-------	------	---------	------	----	-------

03908

1 PLACE OF DEATH	93-c)
County Oanoll	Registration Dist. No.
Village or City near Sandyville	NoSt.,Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
81.17	2
2. FULL NAME Coliza Grin J	moca
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of Cor) Wife of Leonge M. Annold	22. I HEREBY CERTIFY, That I attended deceased from about Feb. 1 , 1929, to apr. 194 , 1932
6. DATE OF BIRTH (month, glay, and year) Lee. 14, 1852	I last saw have alive on open 12 1932; death is said
7. AGE Years Months Days tf LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
79 4 5 or min.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	chrone hypotherdelis
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. todustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	with the second
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Contributory Causes of importance:
13. NAME Alusy Poole	
13. NAME A lucy Joale  14. BIRTHPLACE (city or town) - Hary lawf  (State or country)	Name of operation Date of What test confirmed diagnosis? Clinical Was there an autopsy? Les
15. MAIDEN NAME Mary E. Smith	23. If death was due to external causes (VtOLENCE) filt in also the following:
15. MAIDEN NAME Mary E. Smith  16. BIRTHPLACE (city or town) Mary Cand	Accidant, suicide, or homicide? Date of injury, 19
17. INFORMANT Mus John Hater	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Saudyville	
18. BURIAL, CREMATION, OR REMOVAL  Place Leasant Live Date Chr. 2/ 1932	Manner of injury
19. UNDERTAKER STRANCIS ACCES	Nature of injury
(Address) / Westernuster MA	If so, specify
20. FILED # Bo , 1932 Frewoodward Registrary	(Signad) CLBellingslea M. D.  (Address) Wester Later, had
If more blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker, "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory, "mil" otc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal eause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week age	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
May 1,1923	Other contributory causes of importance:	1 year	
	1915 1921	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis	

B.—WRIT

ż

03909

1. PLACE O	F DEATH			(123)	,	
	Carroll			Registration Dist. No.	4	
Village or (	City Springfie	ld Stat	e Hospita 9 yrs 2 mos	Al, NoSykesville, Md. St., I death occurred in a hospital or institution, give its NAME instead of street and number 25 ds. How long in U.S. If of foreign birth? yrs. mos	Ward wmber)	
2 FILL NA	ME Annie Ba	ader	Market and			
	nce: No. 110 S.		on Road.	Bast.timorward.		
					State	
	NAL AND STATIST	1		MEDICAL CERTIFICATE OF DEATH		
Female	Female   4. color or RACE   5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)   Single			21. DATE OF DEATH  April 26  (Month) (Dey)	193.2 (Year)	
5e. If marriad, widov HUSBAND of (or) WIFE of	wed, or divorced			22. I HEREBY CERTIFY, Thet I ettended d Feb. 1 ,123 ,to April 26	, 193.2.	
7. AGE Yes	(month, day, and yeer) A	pril 3,	1896 If LESS than 1 day,hrs.	to have occurred on tha date stated above, et. 5	; death is said	
SAW MI  10. Date deces	business in which is done, es SILK MILL, LL, BANK, etcsed last worked et	Housewo	rk  ime (years) nt in this	ware es follows: Thrombosis of mesenteric artery with gangrene of ileum	Date of enset 4-24-3	
year)		occi	pation	Other Contributory Causes of importance:  Mental deficiency with  psychosis Over	9 yrs	
14. BIRTHPLAC	Randolph Baa  E (city or town) G  r country)			Neme of operation Laparotomy Date of 4.  Whet test confirmed diegnosis? Was there an even		
	AME Lena Meie	r		23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:		
X (State o	E (city or town)Ge r country) Hospital rec S. S. H. Sy	ords	34.3	Accident, suicide, or homicide? Data of injury  Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	·	
	TJON, DR REMOVAL	L. Date JA	e, Md.	Menner of injury		
19. UNDERTAKER 4.3. Williams (Address) Dating (Address) Dating (Address) 20. FILED MAN 260, 1937 Offace Mexistrar.  Registrar.				24. Wes disease or injury in any wey releted to occupation of deceased?  If so, specify  (Signed)  (Address) 5.5. Hosh; Suffer wells, 1	M. D.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ė		Example II	
Date of onset	The principal cause of importance were a	of death and related causes as follows:	Date of onset
1915	Attack of epilepsy	Till Till	1 week ago
1921	Run over by street car		1 week ago
July 5, 1927	Peritonitis	DON'THE DESCRIPTION	3 days ago
		1 - V andre C	
May 1,1923	Other contributory co	auses of importance:	1 year
	1915 1921 July 5, 1927	of importance were a  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory ca	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

MARGIN RESERVED FOR BINDING

V. S. No. 1

Z

STATE OF MARYLAND-						CERTIFICATE OF DEATH (3	910		
1	. PLACE OF	DEATH	4				1		
County Carroll						Registration Dist. No.			
1	Village or Ci	spri	ingfiel	dState	Hospita.	1, Sykesville, Registration Dist. No. St.,	Ward		
2		dence in city	enry E.	eath occurred Babbit	1 yrs 4 mos	death occurred in a hospital or institution, give its NAME instead of street and nu			
	(a) Residence	ce: No.	J a, 1110	(Usual place		St., Ward.  If nonresident give city or town and S	tate		
	PERSON	AL AND	STATISTIC	CAL PARTI		MEDICAL CERTIFICATE OF DEATH			
	sex Male	4. color White	OR RACE	5. SINGLE, MAR	RIED, WIDOWED,  (write the word)	21. DATE OF DEATH April 21, 1932	193(Year)		
5e.	If married, widowe HUSBANO of (or) WIFE of	ed, or divorce	ed			22. 1 HEREBY CERTIFY. That I attended deceased from Dec. 6, 1930			
6	DATE OF BIRTH (	month day a	and year) AUS	22.	1900	last saw h im alive on April 21, 1932	death is said		
	AGE Year		Months	Days	If LESS than	to have occurred on the date stated above, at 1.30 mP.M.			
	31		7	30	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
7	8 Trade profes	sion, or perti	icular	·	1 01-00-11-111113	Mastoiditis	4-19-13		
0	SAWYER,	ROOKKEELE				Otitis Media	4-10-3		
PAT	9. Industry or b	done, es SIL	hich K MILL, Fa]	rm		4			
OCCUPATION	10. Oete decease		d at	11. Total t	ime (years) 8 yr	S			
12. BIRTHPLACE (city or town) District of Columbia (Stete or country)						Deficitie Proces	t year		
œ	13. NAME Ha		. Babb	itt			~		
FATHER	14. BIRTHPLACE (State or	(city or towr	Pistri	ct of C	olumbia	Name of operation Radical Mastoid Date of What test confirmed diagnosis?	NO		
ER	15. MAIDEN NAT	MEFron	ie Tho	mpson		23. If death was due to external causes (VIOLENCE) fill in also the following:			
MOTHER	16. BIRTHPLACE (State or	(city or town	Montgo	mery Co	. Md.	Accident, suicide, or homicide?			
17. INFORMANT Hospital Records (Address)						(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.			
18	18. BURIAL, CRIMATICA, OR REMOVAL  Onto affect 23, 1932					Manner of injury			
19. UNOERTAKER No. P. Prinsfelrey (Address) Fackwille mid.					ey.	24. Was disease or injury In any way related to occupation of deceesed?			
20	20. FILEO Special, 1932 CHarry Hess Registrar.					(Signed) John L. Welkingthe (Address) S. S. Idosp., Sykusorille, M.	M. 0.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ogo
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gostroenteritis	1 year

BINDING

FOR

MARGIN RESERVED

STATE OF MARYLAND	-CERTIFICATE OF DEATH 03911		
1. PLACE OF DEATH	93-0		
county & arroll	Registration Dist. No. 76		
Village or citylestminster	No. St., Ward		
Length of residence In city or town where death occurred 18 yrs.	(If death occurred in a horpital or institution, give its NAME instead of street and number)  mosds. How long in U.S. If of foraign birth?yrsmosds.		
7	and A		
2. FULL NAME Margares Mas Sav.			
(a) Residence: No. / ON LIVON (Usual place of abode)	St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Warred			
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Edward Barnes	22. I HEREBY CERTIFY. That I attended deceased from aug. 14 <sup>th</sup> 1925, to 152		
6. DATE OF BIRTH (month, day, and year) July -28 - 1889	I last law her aliva on apre 14 , 1932; death is said		
7. AGE Years Months Days If LESS that			
7 2 8 2 1 ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, Amuseum for Spinner, and Spin	Cleronie myorardelis		
SAWYER, BDDKKEEPER, etc. 27 VWWWWYTC.	Severally years durilling		
kind of work done, as SPINNER.  SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BAHK, etc.  10. Data daceased last worked at this occupation (month and year)  year)  11. Total tima (years) spent in this occupation occupation			
	Other Contributary Causes of importance:		
12. BIRTHPLACE (city or town)	Hall bladder Disease		
13. NAME Lywie Cantwell	- asons ogens aurille		
13. NAME Lywis Cantwell  14. BIRTHPLACE (city or town).  (State or country) Md.	Nama of operation with the Control of What tast confirmed diagnosis? Haw Climber Was there an autopsy? In O		
15. MAIDEN NAME Sarah Green	23. If death was due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME Sarah Green  16. BIRTHPLACE (city or town) (Stata or country)  Med.	Accident, suicide, or homicide? Date of injury, 19		
17. INFORMANT & alward Barnes (Address) / 0/ Liberty St. Westminster M	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL  Place June buck Commutery Date Cypil 28 , 19.3	Manner of injury		
19. UNDERTAKER Hanbard I Sone (Address) yestminston md.	24 Was disease or Injury in any way related to occupation of deceased? 200		
20. FILED 4/27, 1932 According Registral.	(Signed) C. L. Bellen colle M. D. (Address) Westminster   Mad		
	Total		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

principal cause of death and related causes in portance were as follows:  ck of epilepsy over by street car fonitis	1 week ago
onitis silino	0.12
	3 days ago
WATER TRANSPORTER	1 year
	er contributory causes of importance:

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
----------------------------	----------------------------

of infor-

PHYSICIANS should state

of OCCUPA.

Exact statement

See instructions on back of certificate.

TION is very important.

1. PLACE OF DEATH	<b>2</b> 3
County Carroll	Registration Dist. No.
Village or City Dykesville	No. Symmyfield State Noshital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  25 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. Annapole Ma.  (Usual place of abode)	St., Ward. anapolis, Md-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) That Thit or arred	21. DATE OF DEATH  April  (Month)  (Day)  (Yesr)
53. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Mrs and Beall (unknown	22. I HEREBY CERTIFY. That I attanded deceased from March 28: 1924, to affect 9: 1932
6. DATE OF BIRTH (month, day, and year) December (Infuron) / 879  7. AGE Years Months Oays If LESS than 1 day, hrs. or min.	I last saw h see alive on affine g 4, 1932; death is said to heve occurred on the data stated above, at 12/10 P m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware es follows:
8. Trede, profassion, or particular kind of work done, as SPINNER, Stationary Engineer SAWYER, BOOKKEEPER, atc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oata decessed last worked at Ctarry this occupation (month and yeer).  12. BIRTHPLACE (city or town).  2. Aurapolic	General Paralysis of the sec.  1923  Other Contributory Causes of Importance:
(State or country) Mary Land  13. NAME John Beall	
(Stete or country)  14. BIRTHPLACE (city or town)  (Stete or country)  14. BIRTHPLACE (city or town)  15. Country  16. Country  16. Country  16. Country  17. Cou	Nema of operation Work Oate of Oate of What tast confirmed diagnosis? Was there an autopsy? No
15. MAIOEN NAME Mary Lamb  16. BIRTHPLACE (city or town) annapolis (Stete or country) mary Land  17. INFORMANT Grangfield State Hospital/Records/ (Addrass) Syphesnelle Md	23. If deeth was due to external causes (VIOLENCE) fill In also the following:  Accidant, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL  LESCONS FLORIS MA: Oate April 10, 1832	Manner of Injury
19. UNDERTAKER J. M. Traylor (Address) Lungholis M. 20. FILEO Afss. B., 1932 Charry Wes. Registrar.	24. Wes disease or injury In any way releted to occupation of deceased? No:  If so, specify (Signed) July No. Manua M. D.  (Addrass) (O.2/4) Ozhuwilla, m.d.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
			2 guer

PHYSICIANS statement RECORD. classified. PERM 豆 certificate properly may plnods that instructions 80 in plain terms. See OE DEATH

BINDIN

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH County Registration Dist. No (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city of town where death occurred How long in U.S. if of foreign birth? \_\_\_\_\_\_yrs.\_\_\_\_\_mos.\_\_\_\_\_ds. (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WICOWED. 21. DATE OF DEATH OR DIVORCEO (write the word) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. RTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 1 day, ..... hrs The PRINCIPAL CAUSE OF DEATH end related causes of importance or\_\_\_\_min. were as follows Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.\_\_\_\_\_ 10. Oete deceased last worked at 11. Total time (years) this occupation (month and year) \_\_\_\_\_ occupation \_. Other Cantributary Causes of Importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town (Stete or country) should be carefully What test confirmed diagnosis? MOTHER 15. MAIOEN NAME important 23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_ 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION. Manner of injury CAUSE mation MOLL Nature of Injury 24. Was disease or injury in any way related to occupation of deceesed 19. UNOERTAKER (Address) If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the usc of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		DELIA U Allan	St.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of certificate.

See instructions on back

TION is very important.

9

ż

STATE OF	MARY	LAND-	-CERTIFICATE OF DEATH (13914
1. PLACE OF DEATH			<u> </u>
County (arroll			Registration Dist. No.
Village or City New We	utor	7	NoSt.,Ward
Length of residence in city or lown where deat	th occurred		If death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
	0 1)		esten
2. FULL NAME ONA	Ca /	Justin	
(a) Residence: No.	(Usual place of	abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5	or DIVORCED	(write the word)	21. DATE OF DEATH  (Month)  (Yeer)
Se. If merried, widowed, or divorced HUSBANO of (or) WIFE of			22.   HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, end yeer)			
7. AGE Years Months	Days	If LESS than  1 dey, hrs.  or min.	to heve occurred on the dete steted above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc  Date deceesed lest worked at this occupation (month end year)	11. Totel tim		Still born
12. BIRTHPLACE (city or town) (State or country)	<b>L</b>		Other Contributory Causes of importance:
# 13. NAME. Mertan Blog	Isten		
13. NAME : Mexicon   Nov 14. BIRTHPLACE (city or town) - West (Stata or country)	<b>L</b>		Neme of operation Oate of What test confirmed diagnosis? Wes there are autopsy?
15. MAIDEN NAME EMULA RARE TULS  16. BIRTHPLACE (city or town).  (State or country)		rilz	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
17, INFORMANT Symula X (Address)	. Blor	Jesten	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place	Date Silvi	18.1932	Menner of Injury
19. UNOERTAKER Address)	hely	> ml	24. Wes disease or Injury In any way releted to occupation of deceased?
20. FILESMI 7 , 1934 Eroc	u Bro	Buredy	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	Arm.	Example II	
The principal cause of importance were a	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY 5 1992	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep		1921	Run over by street car	1 week ago
Cerebral hemorrhage	PURZAUVS	July 5, 1927	Peritonitis	3 days ago
	L.		•	
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1	si.
C	Ž.
NEW RECORD	d be stated EXACTLY, be properly classifled. ck of certificate.
PER	should it may on ba
A	SE nat
IS	Atto
WRITE LAIN WITH UNFADING INK THIS IS A PER NEW RECORD (O)	Every liem of information should be carefully supplied ACE should be stated EXACTLY, PHYSI. CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
をし	stat
WRITE	Clans should statement of

1 PLACE OF DEATH	STATE OF MARYLAND
County Carroll	CERTIFICATE OF DEATH
Village or Chy Lamber (No. ,	Registration Dist. No.  St.; Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wall Wolor or RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  April 5  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
July /2 , 19 (Youth) (Day) , 1 Ye	that I last saw h invalive on affect. 5, 1982, and that death occurred on the date stated above, at 1/440 A.m.
7 AGE  If LESS   I day	than .hrs. The CAUSE OF DEATH % was as follows:
(a) Trade, profession or particular kind of work.  (b) General nature of industry business, or establishment in	Sailro-interioles (Duration) yrs. mos. 1.0 ds.
9 BIRTHPLACE (State or country)  Md.	Contributory Secondary  (Duration), yes, mos. de.
10 NAME OF John Clyde Boone	(Signed) MD Werey M.D.
11 BIRTHPLACE OF FATHER (State or country) 3nd.	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Aceldental, Suicidal or Homicidal.
12 MAIDEN NAME Catherine Harde	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)  Md.	At place of death yrs. mos da. State, yrs. mos da.
(informant) Katherne Boone	if not at place of death?
(Informant)  (Address) Sylvinille	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  MV. Pleasant Centre Gut 17, 10-32
File Ofic. 5 1987 CHERRY LEE Registrar	Trees von Cour Significante

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yes.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the bishase causing meath Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screenl, Cook ployed, as .11 school or At home. Care should be taken er," etc., without more precise specification as worked on may form par, of the second statement. Never return "Lathorer," "Foreman," "Manager," "Dealto report specifically the occupation: of persons work, or At Home, and children, 1 of gainfully emdefinite salary), may be entered a. Housewife, Househousehold only (not paid Housekeepers who receive a on at home, who are engaged in the duties of the laborer. Farm laborer. Laborer-Coul mine, etc. Wom-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line i provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, (a) Foreman. (b) Automobile factory. The material eases, especially in industrial employments, it is necestion applie, to each and every person, irrespective of fulness of various parsuits can be known. The queseupation is very important, so that the relative health Statement of Occupation Precise statement of oc For many occupations a single word or term on As examples: (a)

Statement of Cause of Death—Name, first, the disease causand death (the primary affection with respect to time and causation), using always the same accepted term for the lame disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,"

Nomenelature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, telunus) may be stated under the as probably such: if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "PUERPERAL seplicuemia." "PUERPERAL peritonitie," etc. diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia." "Anaemia" ary). 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. The untrain—accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under-"Uracinia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion." "Heart failure." "Haemorvulsions," stated unless important. Chronic interstitial nephrilis, etc. The contributory use of "Tinnor" for malignant neoplasms); Measles; inges, perilonarum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; (secondary or intercurrent) affection need not be of "contributory." FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; (Recommendations on state-Example: Meastes (disease (unerely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permahently filed.

Y .4 1932 REAU V. S.

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH	3916
1. PLACE OF DEATH	100	
County Carroll		1
Village or City Daney Lown , Ma	No. St.	War
Length of residence in city or town where death occurred 3 yrs. 0 m	(If death occurred in a hospital or institution, give its NAME instead of street a	and number)
	os	mosd
2. FULL NAME Transis Thomas	12011010	
(a) Residence: Np. (Usual place of abode)	St., Ward.  If nonresident give city or town	and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rupite the word)	21. DATE OF DEATH	, 198 2
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Raphael Slickinger Bonn	22. I HEREBY CERTIFY. That I attended to the state of the	ded deceased from 1932
6. DATE OF BIRTH (month, dey, and year) Not 27, 1851	I last yaw h. Mar. alive on 7 1	Z_; death is sal
7. AGE Years Months Days If LESS than 1 day,hr	to have occurred on the date stated above, at 3.4.25 Am.	
00 4 1 /2   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Data of onse
8. Trade, profession, or particular kind of work done, as SPINNER, Returned SAWYER, BDDKKEPER, etc	2 D	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
kind of work done, as SPINNER, Returned SAWYER, BDDKKEEPER, etc.  9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  1D, Date deceased last worked at this occased last worked at this cocased last worked at this cocased last worked at	for mension	W/4 4 /1
DD Date deceased last worked at this occupation (month and year)		****
12. BIRTHPLACE (city or town) — MA (State or country)	Other Contributory Causes of Importance:  Church Interpolation	for
13. NAME Estrin Dowlron	1.00000	
13. NAME Conting Dowleson  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date o What test confirmed diagnosis? Was there	
15. MAIDEN NAME Elizabeth Graely	23. If death wes due to external causes (VIDLENCE) fill in also the follow	
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT MID. Raymond Dayhoff (Address) Janentown Thus	(Specify city or lown, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	Stale) PLACE.
18. BURIAL, CREMATION, OR PEMOVAL	Menner of injury	
Place dellemond Date Afril 11, 1913	Nature of injury	
19. UNDERTAKER OF DUSS THOU	24. Was disease or injury in any way related to occupation of deceased?	
20 FILED Storik 9 132 Marie 13. Mist	(Signed) Com Benner	M. I

Taneytown If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
E			
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERM. V S No. 1

MARGIN RESERVED FOR BINDIN

PLACE OF DEATH County Gasself	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
2FULL NAME Joseph James	St.: Ward) (If death occurred a hospital cr institution, give its NAME stend of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, widowe OR DIVORCED (Write the word)	16 DATE OF DEATH  April 24, 1982  (Much)—(Day)—(Year)
6 DATE OF BIRTH  NOV. 19 (Year)  (Month) (Vay) (Year)	Thereby CERTIFY, That I attended the deceased free from 22 to april 24, 1937 that I last saw him alive on april 24, 193
F AGE    STATE   STATE	rs. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer) Reliated Farmels  9 BIRTHPLACE  (State or country)	Contributory Quality Branchief Outline
10 NAME OF FATHER William Brandwhyg  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  10 MAIDEN NAME  10 MAIDEN NAME  10 MAIDEN NAME  11 MAIDEN NAME  12 MAIDEN NAME  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  15 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAM	(Signed)
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trailents or Recent Residents)  At place of death yrs
(Informant) Mrs. Lula Pickett  (Address) Mrs. Lula Wickett	if not at place of death?  Former or usual residence
15 File april 23 1932 Tya M. Hewer Separting Local Registral	Havy Heer Sypervall

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return". Laborer, ""Foreman," "Manager." "Deal-Spiener, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Parensen, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many twent 6 state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Serunt, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Physician, Compositor, Architect, business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. For many occupations a single word or term on yrs). For persons who have no occupation Furm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Locomotive engineer,

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: ('erdbrosphua faver (the only definite synonym is "Epidemic cerebros in al meningitis"); Diphtheria (avoid use of "Croup") Typhoid faver (never report "Typhoid Pneumonia"). Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinomu, Sarcomu, etc., of ..... (name origin; "Cancer" is less definite; 2void as fracture of skull, and consequences (e.g., sepsis, telaunus) may be stated under the head of "contributory." "Urnemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all approved by Committee on Examples: Accidental drowning; Struck by railway train American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, interstitial nephritis, cough; indefinite); Tuberculosis of lungs, men-Chronic etc. paleular heart discuse; Nomenclature The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

N. B.—WRITH PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-2
County Ozeroll	Registration Disk-No. 23
Village of City Hoodbone	No. St., Ward
7. /2	death occurred in a hospital or institution, give its NAME instead of street and number)  ads. Hew long in U.S. if of foreign birth?yrs
2. FULL NAME Margaret Omione ha	nes -
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH april = 1 ff
Temale thile manied =	(Month) (Day) (Year)
5a. If married, widowed, or divorced	22. / I HEREBY CERTIFY That I ettended deceased from
(or) WIFE of Jany f. Chancy =	Jun 1931 to april 3 , 1932
6. DATE OF BIRTH (month, day, and year) 1860 - 9 - 22	I last saw hall allve on. Africa 2, 1932; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, atm.
7/ 6 // ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of Importanca were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER	p.f
kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL,	most y
work was done, as SILK MILL, SAW MILL, BANK, etc	fryt theflur.
O 10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Coutributory Causes of Importence:
12. BIRTHPLACE (city or town) for Standard	A A A
(Stata or country) manyland.	alley Jeleven
13. NAME John Hafrison,  14. BIRTHPLACE/(city or town) Frederical to local to the control of the	
4 14. BIRTHPLACE/(city or town) Treduced to (Stata or country) Many faced,	Name of operation Data of
	What test confirmed diagnosis? Wes there an eulopsy?
E Africa D. V. L. I	23. if deeth wes due to external ceuses (VIOLENCE) fill In also the following:  Accident, suicida, or homicida?
(State or country)	Where did injury occur?
17. INFORMANT Im Peny F. Chang -	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Hoddbine Infl.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place 199	Nature of injury
19. UNDERTAKER 6. M Halts	24. Was diseese or Injury In eny wey related to occupation of deceased?
(Address) Wingfield Mid,	if so, specify
20. FILEDUIJUNG 41932 Aua M Hewell	(Signed) M. D.
Defilly to eal Registrar.  If more blanks are needed address State Registrar.	(Address)
-, more vienes are needed, underen diate Registrat,	agas 11. Chances Street, Dattimore, Requesting U. S. 140. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

STATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH 035	
1. PLACE OF DEATH				
County Cana	WITHIN C	Q	Registration Dist. No. 7	
Village or City West	muel	- pul	No. 1 Man St.,	_Ward
Length of residence in city or town where	death occurred	are to	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?	ds.
2. FULL NAME	us C	Lew #1		
(a) Residence: No.	nam		St., Ward.	
PERSONAL AND STATIST	(Usual place		If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  (Month) (Day) (Day)	V
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	n		22. I HEREBY CERTIFY, Thet I attended decease	
	7		I last saw h alive on , 19 , death	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days	If LESS than 1 day,hrs. ormin,	to have occurred on the date stated above, at	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	spe	ime (years) nt in this upation		ofonset
12. BIRTHPLACE (city or town) (State or country)	4		Other Contributory Causes of importance	
13. NAME Haydin	by Cher	V		
H 13. NAME Anydom  14. BIRTHPLACE (city or town)  (State or country)	Md-		Name of operation Date of Was there an autopsy:	?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	chew d		23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	4 11
17. INFORMANT Haydin	the		Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place J. M.	Date 4	16 1012	Manner of injury	
19. UNDERTAKEN bayyolin b	4 Chee	4	24. Was disease or injury in eny way related to occupation of deceesed?	
20. FILED 4//6, 19. 32	1 Clus	Printer	(Signed) Wyhning &	M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

should state

of OCCUPA-

Exact statement

stated EXACTLY. properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY,

B. ż

A PERMANEN FOR BINDIN

IS

-THIS

WITH UNFADING INK-

should be

AGE

MARGIN RESERVED

RECORD. Every item of infor-PHYSICIANS should state

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done, 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA. WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. B.-WRITE PLAINLY,

V. S. No. 1

ż

should state

1. PLACE OF DEATH	_
	-8
County Carroll WITMIN CORPORT ANTE	Registration Dist. No.
Village or City wishing the Mo. The	Man St. Ward
Langth of rasidence in city or town where daath occurred yrs mos ds. How	hospital or institution, give its NAME instead of street and number)  long in U.S. if of foreign birth?yrsmosds
2. FULL NAME	
(a) Residence: No. St., (Usual place of abode)	Ward.  If nonresident give city or town and State
	EDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   21. DATE OF	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 22. 1 H	HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	alive on 19 death is sale
7. AGE Yaars Months Days If LESS than to have occurred o	on the data stated above, atm. CAUSE OF DEATH and related causas of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Date of onset
work was done, as SILK MILL, SAW MILL, BANK, etc.	102
U ID. Date dacaasad last workad at this occupation (month and year) occupation (month and year)	27
12. BIRTHPLACE (city or town) Other Coatributory (State or country)	y Causes of Importanca:
13. NAME Haydu H Chee	
	1Date of
What tast confirme	ed diagnosis? Was thera an autopsy?
16. BIRTHPLACE (city or town)  (State or country)  Accidant, suicide, or did injury or	(Specify city or town, county and State)
17. INFORMANT Spacify whather in (Address)	njury occurrad in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Description Date Hold Nature of Injury Nature of Injury	
19. UNDERTAKEN Stayden & Chee 24. Was disease or (Address) Shollinguette f If so, specify	injury in any way ralated to occupation of deceased?
20. FILED 4 6 ,1932 / Constant (Signed) (Addra	ass) Wirking I had M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
ADDITIONAL	DI ZI CILI	TOIL	T. O IVI TYTHIN	DISTINGUIS	DI	THEFT

	-	

mation should be carefully supplied.

-WRITE PEAINLY,

ä

TION is very important.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 03921
1. PLACE OF DEATH	
County Ogroll	Registration Dist. No.
Village or City Sambyr	No. St., Ward
. (If Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAIME, instead of street and number)
711 . 1	-60.1
2. FULL NAME / Arvive Durity	manel_
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male Mite OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorcad	
HUSBAND of Gladys Knox Clarke	about april, 1, 1930, to april 15th, 1932
6. DATE OF BIRTH (month, day, and year) Lee. 29, 1898	I last saw ham alive on man. 18 , 1932; death is said
7. AGE Years Months Days T LESS than I day,hrs.	to have occurred on the date stated above, at /_ fm,
33 3 17 or main.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importanca wera as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	Bulled wound throngs.
SAWYER, BOOKKEEPER, etc.	roof of moth into willy
work was dona, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and year) gerupation	
MI ( )	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town) Mulicy (State or country)	Depussed mental conclution
	for for year years.
Ξ	2006
[State or country]	Name of operation Oate of Oate of What test confirmed diagnosis? Examination was there an autopsy? Lo
	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? - Suissile Date of injury - 4/15 19-3.2
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur? Mear Home, Kamby, My
Man W Blolante	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
17. INFORMANT Stands (Address) Sambol Med	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Small gun
Place Data Place 17, 192	Natura of injury Bully wound into brung
19. UNDERTAKER & Francis Keise	24. Was diseasa or Injury In any way related to occupation of deceased? 20
(Address) / Mestignister, M.	If so, specify
20. FILED 4 1/6, 19 32 FREW on dun	(Signed) C. L. Bullingollu M. D.
Registrar.\	(Address) West und.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
auses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921 July 5, 1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

MARGIN RESERVED

V. S. No. 1

(Address)

	Registration Dist. No. 74
	Nexus field Ktate Nogkitalward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number),
108.	ds. How long in U.S. if of foreign birth?yrsmosds.
/	
-	Maryhaul
	If nonresident give city or town and State
-	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH)
	april 6 ,1932
-	(Month) (Day) (Year) •
	22. I HEREBY CERTIFY, That I attended deceased from
	Trov. 27 1927, 10 april 6, 1902
2	Hast saw h_le alive on april 6 19.02; death is said
	to have occurred on the date stated above, at 2/2 20 a.m.
S.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
	D210 01 011301
	Lucal atteriorelusies 1926
	Other Contributory Causes of Importance;
	Chronica Valander Henry 1926
	Arseise.
	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of Injury
	Where did injury occur?
	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	, Mannar of Injury
7	Nature of injury
	24. Was disease or injury in any way related to occupation of deceased?
5	If so, specify
	(Signed) Mand M. M.D.
	(Address) Supporte Ma
	(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis MAY 4 1882	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURCAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	F HR
Gallstones	May 1,1923	Gastroenteritis	1 year
	J-		

-WR

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 63923
1. PLACE OF DEATH	34
County Calledle	Registration Dist. No. 74
Village or City Lykesuille	A keing feels Plate Handelalward
7 (11	death occurred in a hospital of institution, give its NAME instead of street and number)
Length of residence in city or toon where death occurred yrs, mos	
2. FULL NAME Calles Calles Ch	ismuell y - my
(a) Residence: No. (Usual place of abode)	St., Ward. That the Many and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (partie the word) Single	21. DATE OF DEATH Askil 91. 193. 2 (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY, That I attended depressed from
S DATE OF BIRTH (month day and year) Jual 29, 1770	Hast saw het alive on askel 8 ,1992; death is said
6. DATE OF BIRTH (month, day, and year)	to have occurred on the date stated above, at & Qm.
/ / / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER,	N a Us i
9. Industry or business in which work was done, as SILK MILL.	Cerebral Thrombases 4-7-3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date sased last worked at this occupation (month and spent in this spent in this	
this occupation (month and spent in this occupation	
	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Dealer in Control (State or country)	Vistania Nichting 12 ca
	Egoune Typuna 1752
Ξ // /Α	Data of
14. BIRTHPLACE (city or town)	Name of operation Date of Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
1	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT Hasketal Tacakda (Address) Supermille Ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Fredhing Md. Date afre. 11, 1932	
10 HADERTAVED Week School Indeed	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER (Address) Systemille Md.	If so, specify
They 9 32 CHany Wess	(Signed) Maud M. Cece M. D.
20. FILED CAPTURED Registrar.	(Address) Dupersvilla, Mad

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage MAY 4	July 5,1927	Perilonitis	3 days ago
BURKAU W.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE C	OF MARYLAND—	CERTIFICATE OF DEATH	3924
1. PLACE OF DEATH		82-a	0041
County Carroll		Registration Dist. No.	6
Village or City 71 cm/k	eburg	NoSt.,	Ward
Length of residence in city or town where	deeth occurred 80 yrs 1 mos	death occurred in a hospital or institution, give its NAME instead of street and 2.2 ds. How iong in U.S. If of foreign birth?yrs.	l number)
1	, .	la de	
	na tinaguer	Ch Ward	
(a) Residence No.	(Usuai place of abode)	St., Ward.  If nonresident give city or town as	nd State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Female White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word)	21. DATE OF DEATH 12 12 (Month) (Dey)	, 193 5 Z. (Year)
5a. if married, widowed, or divorced HUSBAND of (or) WIFE of thomas	oropo	22. HEREBY CERTIFY, Thet i attende	d deceased from
6. DATE OF BIRTH (month, dey, end year)	an 20 - 1852	I lest saw harmalive on 193	2; death is said
7. AGE Years Months	Days if LESS than 1 day,hrs.	to have occurred on the dete stated ebove, et 2 2 m.	
80	22 ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were es follows:	Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER,		Cembergle Humanlange	agr. 2
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	. ,	Cornery Pouranterft	1633
work wes done, es SILK MILL, SAW MILL, BANK, etc.	touse ougle	/	
10. Date deceesed last worked at this occupation (month end year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Finks	elnung	Other Coutributory Causes of importance:	
(State er country) man	land	Orterso- Selanses	3 /10
13. NAME Claniell	Feragier		
14. BIRTHPLACE (city or town)	0	Neme of operation Dete of_	
(Stete of country)	land	Whet test confirmed diagnosis? Was there en	eutopsy?
15. MAIDEN NAME Prudance	ann Chifley	23. if deeth wes due to external ceuses (VIOL ENCE) fill in elso the following	ng:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Dete of injury	, 19
E (State or country) mare	Land	Where did injury occur?	
17. INFORMANT / homas (Address) Fenkshir	nd	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL	1.(11.	Manner of Injury	
Plece Fe confesting	Date 4/14 , 1935	Neture of injury	
19. UNDERTAKER ABOUTE		24. Was diseese or injury in any way releted to occupation of deceased?	20
20. FILED 4/3 , 1932 7	Clessor Registfar.	(Signed) A. M. Slade) (Address) Residus Comme	
If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	


PHYSICIANS should state Exact statement of OCCUPA-

	CERTIFICATE OF DEATH 03925
1. PLACE OF DEATH	(97)
County Carroll -	Registration Dist. No.
/ Village or City Springfeld State Hope	(If death occurred in a hospital or institution, give its NAME instead of street and number)
1 10	(If death occurred in a hospital or institution, give its NAME instead of street and number)  _mos
2. FULL NAME Lyabeth E. Dillo	
(a) Residence: No. Horne Jon agel - Garth	If nonresident give city of town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWS	
Jemale white OR DIVORCED (write the wo	(d) Copril 28 1932
5a. If married, widowed, or divorced	(Month) (Oey) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from
Jaronows	Sept. 24 ,1930, 10 Capril 28, 1932
6. DATE OF BIRTH (month, dey, and yeer) Sept. 28,1839	t last saw h. en elive on Copril 20 1932; deeth is sald
7. AGE Years Months Deys II LESS to	
92 7mo. 1day, ormir	
8. Trede, profession, or perticular	, Vare ot onset
NO SAWYER, BOOKKEEPER, etc.	Cerebral anterwordsons 1925
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Oate decessed lest worked at this occupation (month and	
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation occupation	
	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) Charleshow, (Stete or country) W. Va	
13. NAME John William Fourty  14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town)	Name of operation Dete of
(Stete or country)  15 MAIOEN NAME Released Shandlan	What test confirmed diegnosis? Wes there en autopsy?
15. MAIOEN NAME Rebecca Standlan  16. BIRTHPLACE (city or town) Dorgania	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town) Organia	Accident, suicide, or homicide? Dete of injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Hospital records	Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Sykonille, my	
18-BURIAL, CREMATION OR REMOVALY You Opto afra 3019	Menner of Injury
Prace Uete Up 19	Neture of Injury
19. UNDERTAKER THE D. Strider	24. Wes diseese or injury In any wey releted to occupetion of decesed?
(Address) Charles Jown //. Ve	If so, specify
20. FILED Sfu 28, 1932 Chang Well	(Signed) M. D. v. g. v. a. 18 cy s. m. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The same of the sa			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

LAINLY,

N. B.-WRIT V. S. No. 1

1 1.6.120

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03920
1. PLACE OF DEATH	92-2
County Carroll	Registration Dist. No. 74
Village or City Dyplesville	No. Am & Ma Mate Hospital St., Ward death occurred in a hoppital or institution, give its NAME instead of street and number)
Length of residence in city, or town where death occurred 5 yrs. 9 mos	s. 25 ds. How long In U.S. if of foreign birth? yrs
2. FULL NAME Joshua Harsey	
(a) Residence No. Howard Co, md.	St., Ward. Nowna Co. Ind.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)  M. downed.	21. DATE OF DEATH  (Month)  (Day)  (Yoar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended decessed from
6. DATE OF BIRTH (month, day, and year) Than 2 nd 1847.	Tlast saw h Man alive on april 3 2 1932; death is sale
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at 7. 40 Pm.
84 // / l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Part and the second sec
SAWYER, BOOKKEEPER, etc.	General arterscherosis 1926
work was done, as SILK MILL, SAW MILL, BANK, etc.	
Date deceased last worked at the community of this occupation (month and 1918 spent in this 50 mm year)	
12. BIRTHPLACE (city or town) Luckum	Other Contributory Causes of importance:  Mithal and Aortha Regurgitation 1926
12. BIRTHPLACE (city or town) whemma (State or country) Arrand Co. In d	Mithal and Clothe Regurgilation 1926
13. NAME Slephen B. Dorsey  14. BIRTHPLACE (city or town) huhumm	Name of operation
(State or country) Horna Co. Ma.	What test confirmed diagnosis? Thynical argus a symtoms there an autopsy? ho
5 15. MAIDEN NAME Dallie Owens	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sallie Owens  16. BIRTHPLACE (city or town) unknown	Accident, suicide, or homicide? Date of injury 19
(State or country) Howard Co-Md.	Where did injury occur?
17. INFORMANT Offingfried of ale Hogertal (Records) (Address) Syphesodle Md	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, PURIAL, CREMATION, OR REMOVALE Date Office . 5 1932	Manner of injury
5/1000	Tractile of injury
19. UNDERTAKER A CADON STATE OF THE CADON STATE OF	24. Was disease or injury in any way related to occupation of deceased?
20, FILED Sfr. 3, 19.32 Charry Meer	(Signed) John M. Morrus. M. C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II	
death and related causes follows:	Date of onset
	1 week ago
	1 week ago
	3 days ago
	10.7
ses of importance:	1 year
	ses of Importance.

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

of importance were as follows:  Arteriosclerosis  Of importance were as follows:  Arteriosclerosis  1915  Attack of epilepsy  Chronic interstitial nephritis  1921  Run over by street car  1 week ag	Example I		Example II	
Chronic interstitial nephritis  1921 Run over by street car  1 week ag  Luly 5,1927 Peritonitis  3 days ag  Other contributory causes of importance:  Other contributory causes of importance:	The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Cerebral hemorrhage July 5,1927 Peritonitis 3 days ag  Other contributory causes of importance: Other contributory causes of importance:	Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Other contributory causes of importance:  Other contributory causes of importance:	Chronic interstitial nephritis	1921	Run over by street car	1 week ago
	Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	WALE WELL			
Gallstones   May 1,1923    Gastroenteritis   1 year				
	Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
-----------------	-------	---------	------------	----	-----------

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH	3928
1. PLACE OF DEATH	(131)	,
County Carroll	Registration Dist. No.	4
	No Manahela state Hospital or	Ward
vininge of one	No. Assingfield State Hospital St., (If death occurred in a hospital or institution, give its NAME instead of street and r	number)
Length of residence in city or town where death occurred $3$ yrs. $3$ mo	os. /-7ds. How long in U.S. if of foreign birth?yrsm	osds.
2. FULL NAME Richard Duvell		
(a) Residence: No. Anne armdel Co. Ma (Usual place of abode)	St., Ward. anne arm del Co. M	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	A Control of the Cont
3. SEX Male 4. COLOR OR RACE OR DiVORCED (write the word) Married	21. DATE OF DEATH  (Month) (Day)	, 193.2
5a. If merried, widowed, or divorced		(1681)
HUSBAND of (or) WIFE of Marden name unknown.	22. I HEREBY CERTIFY, Thet I attended  may 23th 1929 to april 8th	deceased from
6. DATE OF BIRTH (month, day, and year) april 2nd 1863	I last saw h 142 alive on april 8 1932	; death is said
7. AGE Years Months Days If LESS then	to have occurred on the date steted above, at 1.42 P. m.	
69 0 6 1 day, hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
Trade profession or particular		Provito
Trace, profession, or particular kind of work done, as SPINNER, Fram Caborer  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at Makeyway 11. Totel time (years)  11. Totel time (years)	Mitral Regurgitation	Acc. 22
9. Industry or business in which		1928
work was done, es SILK MILL, SAW MILL, BANK, etc		
O this occupation (month and Mukharan year)  11. Totel time (years) spant in this Mukharan occupation	un.	
12. BIRTHPLACE (city or town) - inferiour	Other Cuntributory Causes of importance:	Prior to
(State or country) anne arundel Co. Md	Chrome Interstitial Nephritis	Day 20
13. NAME Thomas Dewall		1620
13. NAME Thomas Diwall  14. BIRTHPLACE (city or town) unknown	Name of operation None Date of Date of	1928
(State or country) anne annual Co. Mid.	ompral + Lastrain.	24 -
	What test confirmed diagnosis? Was there an a  23. If death was due to external causes (VIOLENCE) fill In also the following	
15. MAIDEN NAME Patience Todd  16. BIRTHPLACE (city or town) unknown  (State or country)	Accident, suicide, or homicide? Dete of Injury	
(State or country) arms armedel Co. Md	Where did Injury occur?	
17. INFORMANT Springfred State Hospital (Records) (Address) Derkesvolle, md.	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLA	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Castar Hell am. Date afre. 19,19.31		
19. UNDERTAKER John of Denny	24. Was disease or Injury in any way releted to occupation of deceased?	ro
19. UNOERTAKER (Address) Gathing Tud.	If so, specify	
20. FILED Sfw. 8, 1932 CHarry West	(Signed) John n. Marris.	M. D,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage .	July 5,1927	Peritonitis	3 days ago
BURGAUNIE	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year

(Address) ...

Registrarl

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAY 5, 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

10	7./
9	Registration Dist. No.
Cesalle	No pleces fell bell 19 pelates
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. 11 of foreign birth? yrs
1 1 7 41 -	0. 141
abell Vletch	er //
	St., Word / Jy allsville Md
(Usual place of abode)	If nonresident give city of town and State
TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Year)
n/ Fletcher	22. I HEREBY CERTIFY, Thet I ettended decessed from Oct. 10, 1927, to Specie 1992
1 (luberouse) 1854	Hast sawh se alive on a feel 10 1992: death is said
nths   Oays   If LESS than	to have occurred on the date stated above, at 5.15-0m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causas of importance
ormin.	wara as follows:
HER, Much	Circleal activeoxelessi 1929
ι, –	
11. Totel time (years) spent in this occupation	
	Other Contributory Causes of Importance:
lequis.	- A
	Carles Sucompelency 1927
Files	, · · ·
Virginia.	Name of operation Dete of
V	What tast confirmad diagnosis? Was thera an autopsy?
erice mc Cleurs	
Virginia	Accident, suicide, or homicide?Date of injury19
	Whera did Injury occur?
al Recards	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
eville MA	
10 51	Manner of Injury
J. C. Oete 411. 16, 193 2	Neture of injury
De la Car	24. Was disaasa or injury in any way ralated to occupation of deceased?
Olaska Harw	If so, specify
Wash De	(Signed) Mand M. Fees M.D.
Registrar.	(Addrass) Lykeswille Ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V.S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	
Canonine Co.	May 1,1925	·	1 year

1. PLACE OF DEATH	CERTIFICATE OF DEATH 03931
	Registration Dist. No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs. mos.  2. FULL NAME Score W. Frigge  (a) Residence: No. New West South.  (Usual place of abode)	ds. How long in U.S. If of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (varie the word) Single	21. DATE OF DEATH  4 - / & - 193 Z  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from  1931 to 4-15-1952
6. DATE OF BIRTH (month, day, and year) May 1518-49	last sawh alive on 4- 10- 1952; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (morth and year) — 11. Total time (years) —	Our Pral himorrhage 4-12-52
12. BIRTHPLACE (city or town) (State er country)  Maryland	Dither Contributory Causes of importance:  Liters — SC Circo Ses 1920
13. NAME daved Friggell  14. BIRTHPLACE (city or town) (State or country)  The arm	Name of operation.  Name of operation.  What test confirmed diagnosis?  Was there en autopsy?
15. MAIDEN NAME Mary Brown  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
17. INFORMANT andrew Friggell (Address) Westminder Frid	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Dams Creek Bailes Date 4/15-1932	Manner of injury
19. UNDERTAKER HBankard & Son (Address) Westminster md	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 1933, 1933 Allwood Registrar.	(Signed) (Address) X22 munsted M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Tyampie 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related ca of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	I week ago
Cerebral hemorrhage	July 5,1927	Peritonitis Cool C. 191	3 days ago
		148/199=	13.9
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

matton

ż

V. S. No. 1

STATE OF MARYLANI	D—CERTIFICATE OF DEATH 63932
1. PLACE OF DEATH	(II8)
County Carroll	Registration Dist. No.
Village or City Florikaling	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
tength of residence in city or town where death occurredyrs,	mosds. How long in U.S. If ol loreign birth?yrsmosds.
2. FULL NAME Nate man &c	st
(a) Residence: No. (Usualplace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	. MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOW OR DIVORCED (write the work)  The make White Widow or divorced	
HUSBAND of William Mordecai De	22. HEREBY CERTIFY That attended decassed from 157 . 19 2 2
6. DATE OF BIRTH (month, day, and year) may 4 - 1851	1 lifet saw h aliva on Office 1 40, 193 2; daeth is said
80 Months Days If LESS 1 dey, or or or or	hrs. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	acity judigettion quite
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work west done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and	
10. Date deceased last worked et this occupation (month and year)	
tz. BIRTHPLACE (city or town) & sttysburg Pa (State ar country)	Other Contributory Causes of importance:
13. NAME George Fittle  14. BIRTHPLACE (city or town) Gettyaburg Pa  (Stata or country)	Name of operation.  What test confirmed diagnosis?  Was there an autopsy?
E 15. MAIDEN NAME Mary J. Cerafoester	23. If death was due to external couses (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Mary J. Cerafecter 16. BIRTHPLACE (city or town) Mary and	Accident, suicide, or homicide? Zev Date of injury 19
17. INFORMANT OV m morder Bist 9	Where did injury occur?
(Addrass) Fichebung In de 18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Finking Date 4/14,18	932 Natura ol injury
19. UNDERTAKER 7413 anshurel & Sons (Address) Nestminster md	24. Was disaase or injury in any way related to occupation of dacegod?
20. FILED 4/3, 1932 Pare Regist	(Signed) - ! March Miller lat M. D.  (Address) Shirthertowy Zan

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the usc of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
UDDITIONAL	OI ALUE	T. OTC	L O ICT HIER	OTATIONIE	171	THEOLOGIAM

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS Hould state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ENT RECORD BINDIN WITH UNFADING INK--THIS IS A PERM MARGIN RESERVED FOR PLAINL WRITE

V. S. No. 1

11		63933
1	PLACE OF DEATH	STATE OF MARYLAND
	County Carroll	CERTIFICATE OF DEATH
	C. 41	Registration Dist. No. 53
Vi	lage or City Gathers' (No	St.; Ward)  (If deeth occurred in a hospital or institution, give its NAME instead of street end number.)
-	- Colo NAVIL	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 9	nale White (Wirte the word)	16 DATE OF DEATH CEPSIL = 27 = , 1982.
6	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	mrs = 10 = ,8//	March 1932. 10 Topiel 27 1982.
	(Month) (Day) (Year)	that I last sow h am alive on april 27 19832
7	AGE	and that death occurred on the date stated above, at 930 9. m.
	1 dayhrs.	The CAUSE OF DEATH * was as follows:
-	mos. ds. or min.	
1	a) Trade, profession or	Josephania
46	particular kind of work  b) General nature of industry	
	pusiness, or establishment in which employed or (employer)	(Quration)monde.
-	BIRTHPLACE (State or country) Manual.	Contributory Secondary Contributory
	10 NAME OF Harales Griffith	(Signed) W Trauk Wood M. D.
ம	11 BIRTHPLACE	upul 28 1931 (Address) Systemally, WY
RENTS	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PARE	OF MOTHER Telegra Dorsey	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents)
	OF MOTHER (State or country) Manyland,	At place of deathyrsmosds. In the Stateyrsmosds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Ino. Im, D. Griffith	Former or usual residence.
	(Address) Saittiers, and,	Pine Grow Country, april 30, 9932.
15	Filed aful 28 1932 Aug M. Hewett	6 M. Waltz Winfield mid.
1	If more branks are needed addres Ltate Registrar	, 16 W. Saratoga St., Balto., Requesting V.S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, ployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a Farm laborer. (h) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Luborer-Coul mine, etc. Womsingle word or term on

Statement of Cause of Death—Name, first, the DIS-EA E CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. stated unless important. use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "eontributory." "Inanition," "Warashus," etc., when a definite disease "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State eause for which surgical operation was undercan be ascertained as the eause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

state UPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 03934
= /	1. PLACE OF DEATH  County Carry C	
should journal	Village or City Village of City	Begistration Dist. No. O
6		death occurred in a hospital or institution, give its NAME instead of street and number)
[AN]	2. FULL NAME CANALL COLOR	How long in U.S. it of foreign birth? yrs. mos. ds.
YSICIANStatement	(a) Residence: No. Herry Parity	St. ward it, months
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
Exact	3. SEX 4. COLOR-OR RACE 5. SINGLE, MARBIED, WIDOWED,	21. DATE OF DEATH
7	male MR OR DIVORCED (write the word)	(Month) (Day) (Year)
ACTI assified.	5a. If married, widowed, or divorced HUSBAND of	22.   HEREBY CERTIFY That I attended deceased from
X A class	(or) WIFE of find a chrosmith	Muf 1902, to 11 11, 1902
	6. DATE OF BIRTH (month, day, and years) / 5 / 5 5	I last saw h aliva on
stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
	8. Trade, profession, or particular	were as follows: Date of onact
d be y be k of	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done as SILK MILL	of muchto start.
should it may n back	SAW MILL, BANK, atc.	
(+) +) O	10. Date deceased last worked at this scenario (magh and page 1) 11. Total time (years) spart in this operation (magh and operation)	
pplied. AGE erms, so that instructions o		Other Contributory Causes of Importance:
s, se	12. BIRTHPLACE (city or fown) (State or counted)	CASULTU COVIETO
illy supplied plain terms, . See instru	II 13. NAME SESSION STOWN	
sur in to See	14. BIRTHPLACE (crit) eritown) (State-or country)	Name of operation
in pla	TE 15. MAIDEN TRAME CON / FT	What test confirmed diagnosis? Was thara an autopsy?  23. If death was due to external causes (VIOLENCE) fill In also tha following:
be carefully EATH in pla important.	16. BIRTHPLACE (city or lown)	Accident, suicide, or homicide? Date of Injury, 19
be EAT	State or country ( )	Where did Injury occur? (Specify city or town, county and State)
Day	17. INFORMANT AND	Specify whather injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
Spou E OF is ver	18. BURIAL, CREMATION, OR REMOVAL Creeke Cypril 14, 1937,	Manner of injury
700 -	Place 16 Cittle Cattle Pate (1977), 1937,	Natura of Injury
CAU TION	19. UNDERTAKER (Q. M. ) SVALS (Address) It will will will	24. Was disease or Injury in any way related to occupation of deceased?
	20. FILED J. J. 1932 Leslin 2. DReph	(Signed) A My A M.D.
1)	Registrar.	(Address) Je Marrelle Dag.
	15 more blanks are needed, address State Registrar,	2411 N. Charles Street, Balymore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
أسد		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street ear  July 5, 1927 Peritonitis  Other contributory causes of importance:

PHYSI-

RECORD

WITH UNFADING INK---THIS MARGIN RESERVED



### STATE OF MARYLAND

Village or City V. alexia (No	St.: Ward)  St.: Ward)  Ward)  Ward)  Ward)  Ward)  Ward)  Ward)  State of street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hale While (Wite the word)	Month) (Year)
Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 23 1930 to Gyard 28 1930 that I last saw h unalive on Ghail 27 1931
7 AGE  74  yrs. 5 mos. 27 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Cardias decompensation
business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  20 21 22 23 24 25 26 26 27 28 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20	Contributory Cardias decemperation
business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  OF FATHER  OF FATHER  (State or country)  CA  11 BIRTHPLACE  OF FATHER  (State or country)	Contributory Secondary  (Duration) yrs mos. 30 d  (Signed) Roberth Stones M. 1  Chillet 1982 (Address) Slewille P.

V. S. No. 1

B.-Every item of CIANS should

Z

(Approved by U. S. Census and American Public Health Association.)

eupition is very important, to that the relative health. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octhe first line will be sufficient, e. g., Farmer or Planter, sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer. Physician, Compositor, Architect, Spinner, (b) Cotton mill; (a) Salesman. (b) Grucery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the played, as At school, or At home. Care should be taken twork, or At Home, and children, not gainfully emstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Serwant, Cook, Housemaid, etc. If the occupation has been changed whatever, write None. business, that fact may be indicated thus; Furmer (rereport specifically the occupations of persons en-Foremun, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womyrs). without more precise specification as Day Stationary froman, etc. But in many (b) Automobile factory. The For persons who have no occupation material

Statement of Cause of Death—Name, first, the Dispease Causing Death (the primary affection with respect, base Causing Death (the primary affection with respect, to time and eausation), using always the same accept to time and eausation), using always the same accept to time and eausation), using always the same accept to the time and eausation), is simal meningitis"); Diphtheria (avoid use of "Croup"); simal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, pertionaeum, etc., Carcinoma, Sarcoma,, etc., of stated unless important. use of "Tumor unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Whooping cough; Chronic Chronic intershiful nephrilis, eausing death), 29 ds.; Bronchopneumonia (secondary), "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-" Exhaustion, "
Inanition," diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uruemia," "Weakness," etc., when a definite disease ean be ascertained as the cause. Always qualify all and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-.... (name as fracture of skull, and eonsequences (e.g., sepsis, telumus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head—homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-American Medical Association.) approved by (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-"Marasmus," "Old Age," "Shock," for malignant neoplasms); Measles; origin; "Cancer" is less definite; avoid Committee on Nomenclature Chronic valentar Example: Meusles (disease etc. The contributory heart discuse; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the answered in detail, it will prevent further correspondence. All the data is exactly and must be obtained before the certificate is

permanently filed.

mation shou

V. S. No. 1 B

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND	CERTIFICATE OF DEATH 03936
1. PLACE OF DEATH	(169)
County Carriol -	Registration Dist. No.
	No. Syllaxeralla M. St., Ward feath occurred in a hyppital or institution, give its NAME instead of street and number)  s. 26 ds. How long in U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME Elizabeth Hendricks	
2. FULL NAME Clipbell Hendricks (a) Residence: No. 409 - E - 35th (Usual place of abode)	St., Ward. Baltinice, Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

County C	- Porus			Registration Dist. No	74
Village or C Length of resi	ity Springf dence in city or town where	death occurred	l Hospital	f death occurred in a hypotal or institution, give its NAME instead of strees. 26 ds. How long in U.S. if of foreign birth?	St.,Ward et and number)mos ds.
2. FULL NA	ME Elizali	elly Her	sdricks		
(a) Residen	ce: No. D	404 - E. (Usual place	of abode)	St., Ward. Baltiniere W	wh and State
PERSON	IAL AND STATIST	The second section is a second section of the section of the second section of the second section of the second section of the section of	The second secon	MEDICAL CERTIFICATE OF DEA	ТН
3. SEX Jernale	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  PO  (Day)	, 193_ <b>2.</b> (Year)
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorcad		1	1 HEREBY CERTIFY, That I att	tended deceased from
6. DATE OF BIRTH	(month, day, end year)	June &	, 1909		932; death is said
7. AGE Yea	Months	Days 18	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at 8 45 Q.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	e Date of onset
kind of w SAWYER, 9. Industry or I work was SAW MIL 10. Dato decess	ssion, or particular vork dona, as SPINNER, or particular vork dona service services as the service services as done, es SILK MILL, L, BANK, atc	adio Con writes 11. Total t spe	ime (yeers) nt in this wastion	Practure of Skull	4-20:3:
12. BIRTHPLACE (cit (State or cour	ty or town) SQ	linos	upation	Other Contributory Causes of importance:  Mankally II Rolland (Den	
当 13. NAME	Earl L	Hendri	icka	Praecox -	
14. BIRTHPLACE (Steta or		Jour	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		te of
15. MAIDEN NAME 16. BIRTHPLACE (Stete or 17. INFORMANT	(city or town). 200 country)		ner	23. If death wes due to external causes (VIDLENCE) fill in also the formation of the property	Hopelal
18. BURIAL, CREMAT	TON, OR REMOVAL	State of	birl 21 , 32	Manner of Injury Jumped from Second !  Nature of injury Franchise out Skull	for puel
19. UNDERTAKER (Address)  20. FILED After	2224 20,1934 (	Mary)	Ples Registrar.	24. Was disease or Injury in any way related to occupation of decease  It so, specify Congress Congres	ed? No -

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 12 4 1032	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, eupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc.. without more precise specification as Day worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. "L'atever, write None, ti ed 6 yrs.). Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal mine, etc. Wom-Civil engineer, Stationary fremen, etc. But in many Statement of Occupation-Precise statement of oc-For many ocenpations a single word or term on For persons who have no ocenpation The ques-

Statement of Cause of Doath—Name, first, the disease (ausino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Crond"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

quences (e. g., sepsis, tetanus) may be stated under the can be ascertained as the cause. Always qualify all conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopncumonia use of "Tumor" for malignant neoplasms); Meastes; Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "eontributory." ture of the injury, as fracture of skull, and eonse-Poisoned by carholic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or howicidal, or taken. For VIOLENT DEATHS STATE MEANS OF INJURY State eause for which surgical operation was under-"Puerperal septicuemia." "Puerperal peritonitis," discases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhanstion," "Heart failure," "Haemorsymptomatie), "Atrophy," "Collapse," "Coma," "Constated unless important. Chronic interstitial nephritis, etc. The contributory ...... (name origin; "Cancer" is less definite; avoid mges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menvulsious." (seeondary or intercurrent) affection need Whooping cough; Chronic valvular heart discase; "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles "Anaemia" (second-The na-(merely (disease not be

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1	. PLACE OF DEATH	<u> </u>
	County Carro	Registration Dist. No.
	Village or City (May 1807)	No. St., Wa death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmos
2	FULL NAME BURNUL HILL	
	(a) Residence: No.	St., Ward.
-	(Usual place of abode)	If nonresident give city or town and State
3. 5	PERSONAL AND STATISTICAL PARTICULARS  EX. /4. COLOR OR PRACE /5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
3.(	HEMAL OF THE MARKED, HISTORIES, WISHES, HISTORIES, WISHES, WIS	(Month) (Day) (Year)
5e.	If married, widowed, or divorced HILSBAND of (or) WIFE of	22. HEREBY CERTIFY, Thet I attanded deceased to Clark 1 1 1930 to Charle 1 2 193
	NATE OF BIRTH (mark) day and was)	I last sew h
7. /	AGE Years Months Deys If LESS then	to heve occurred on the deto steted above, at A-m.
1	Work 60 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
7	8. Trada, profession, or perticular	arting Schrosis Date of 193
TION	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Shock and expression
JPA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	country home burning. 3-24
S	10 Dete deceesed last worked at 11. Totel tima (years)	Cerebral Itemorrhage 3-26
0	this occupation (month and spant In this year) occupation	
12.	BIRTHPLACE (city or town)	Other Contributory Causes of importence:
œ ]	(Stete or country)  13. NAME  Anthrough Park	
FATHER	11-0	
FA	14. BIRTHPLACE (city or town) (Stete or country)	Name of operation
HER	15. MAIDEN NAME VILLOWY GAPRAOU	Whet lest confirmed diagnosis? Was there an eutopsy?  23. If deeth wes due to external causes (VIOL ENCE) fill in elso the following:
OTHI	1///	Accident, suicide, or homicide?
M	16. BIRTHPLACE (city or town) (Stata or coupty)	Where did Injury occur?
17.	INFORMANT CAMPAGE AT A CANADA	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Menner of injury
	Placa MA Dete MAM D, 1907	Nature of Injury
19.	UNDERTAKER DD Hathley (Address)  New Washington	124. Was diseese or Injury In eny way related to occupation of deceesed? P.Q.
20.	FILEO AMI 132 Erseu & Benelect Registrar.	(Signed) Allerling Hally:
		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	- 1	Example II		
The principal cause of importance were a	of death and related causes as follows:	Date of onsel	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	TO THE STATE OF	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	hrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAY 5 1992	July 5,1927	Peritonitis	3 days ago	
	I was a second				
Other contributory	auses of importance:		Other contributory causes of importance:	- 14	
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FUR'	THER STATEMENTS BY PHYSICIA	N

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

### STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		10			
county teams	l,		Registration	Dist. No.	1
Village or City Yux Jane	y coursed vis	No.  (If death occurred in a hospital or in 1988ds. How long in U.S.	stitution, give its NAM	St.,	d number)
2. FULL NAME Mro &d (a) Residence: No.	ith Hof	St. Ward.	or rotoigh bitting	J+3	.mosds
	(Usual place of abode)			give city or town a	nd State
PERSONAL AND STATISTIC		MEDICAL	CERTIFICATE	OF DEATH	
2 W	OR DIVORCED (write the word)	21. DATE OF DEATI	(Month)	/3	, 198 (Year)
5a. If married, widowed, or diverced-HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, dey, and year)  7. AGE  Yeers  Months  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at the occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)	Days If LESS than 1 day	I last saw h alive on. to have occurred on the date s	EATH and related caus	4-12,19.3.	, 193.2
13. NAME  14. BIRTHPLACE (city or town) (State or country)	and	Name of operation			
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, GREMATION, OR REMOVAL Place LULLER AND COMMENT COMMENT COMMENT COMMENT COMMENT COMMENT COMMENTS C	enferont offer med:	What test confirmed diegnosis?  23. If death was due to external Accident, suicide, or homicide? Where did injury occurred Specify whether injury occurred Manner of injury Nature of Injury	Causes (VIOLENCE) fil	I In also the following	ng:
19. UNDERTAKER DI Surant (Address) Sancy 20. FILED Grall 14,1932 Mary	Soft Course Williams Registrar.	24. Was disease or injury In any If so, specify		ation of deceased?	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	-
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

certificate.

of OCCUPA-

Exact statement

### MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-EATH in plain terms, so that it may be AGE should be See instructions on back of be carefully supplied. important. -WRITE TION is CAUSE mation V. S. No. 1

CTATE OF MADVI AND	CERTIFICATE OF REATH	
STATE OF MARYLAND—	CERTIFICATE OF DEATH	40
County Carroll	Posistration Disk No. 74	1
	Registration Dist. No. 17	14/a-al
village of city and c	No. Spanisfield State Hospital St., death occurred in a hopping or institution, give its NAME instead of street and numb	Ward
	. 22 ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME John C. Huetter	0 14 20.1	
(a) Residence: No. Bullimore. Md (Usual place of abode)	St., Ward. Baltimore, Md	e
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Nale S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Aringle		3.2- (Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of	122. I HEREBY CERTIFY, That I attended deceived a 19/5 to april 8	ased from
5. DATE OF BIRTH (month, day, and year) Thril 212 1880	Wast saw h ar alive on Typril 87 ,1932; de	
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 5.30 Pm.	
5 / // /8   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	to of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, Waiter SAWYER, BOOKKEEPER, etc.	Poloson	eportea
9 Industry or business In which		124/
work was done, as SILK MILL, SAW MILL, BANK, etc		9.29
10. Date deceased last worked at Whaman 11. Total time (years) spant in this occupation (month and 1912 occupation)		
12. BIRTHPLACE (city or town) Baltimore	Other Contributory Causes of importance:	mis 5°
(State or country) M. d.	1/3mm n. 01 . 1.	1932
13. NAME Charles Huetter		
(Stete or country) Winawy.	What test confirmed diagnosis, which the test confirmed diagnosis, which is the test confirmed diagnosis and	sy? Zus
15. MAIDEN NAME augusta aaran	23. If death was due to external causes (VIOLENCE) fill fn also the following:	
16. BIRTHPLACE (city or town) unknown (State or country) burnary.	Accident, suicide, or homicide? Date of injury  Where did Injury occur?	19
17. INFORMANT Springfield State Haspital (Ricords)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
BURIAL CREMATION, OR REMOVAL  W. PRICATELLIST COMMON DATE CLEV. 11, 1934	Manner of Injury	
DI: O: / Nagana	Nature of injury.	
19. UNDERTAKER WHITE THE MEAN (Address) Pattinger Head,	24. Was disease or injury in any way related to occupation of deceased?	
THE Street was Chlance There	(Signed) Colon 1. Morris	M. D.
Registrar.	(Aggress) (SAN) Eykesville. Md	

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1000142			
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH 03941

- 1	. PLACE OF	DEATH	1/8	-		ulosis sanatorium	
	County Ca	rroll		Co	lored Br	anch 23 Registration Dist. No. 74	
	Village or Ci	ty Henryton	1 , A	aryla	nd	Np. (above) st	Ward
	Length of resid	dence in city or town when	e death	occurred 1	vrs 8 mos	death occurred in a hospital or institution, give its NAME instead of street and  ds. How long in U.S. if of foreign birth?	number)
		ME Josephi					V3 W3s
1						d. St. Ward.	
-	(a) Nesident	.c. No. <u>1191, 19</u>		(Usual place		If nonresident give city or town and	State
		AL AND STATIS				MEDICAL CERTIFICATE OF DEATH	
	sex Female	4. COLOR OR RACE	5. 5	ingle, Mari R Divorcer Singl	RIED, WIDOWED, (write tha word) (	21. DATE OF DEATH April, 22, 1932 (Month) (Day)	., 198
5a.	if married, widows	ed, or divorced					
	(or) WIFE of					22. I HEREBY CERTIFY, That I attanded Aug., 22, 19309, to April, 22,	
6.	DATE OF BIRTH	month, day, and year)	ruly	. 3.	1915	last saw her alive on April, 22, 1932	: death is said
_	AGE Year			Days	If LESS than	to have occurred on the date stated abova, at 5 . 20 Pm. • M	
_	16	9		19	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importanca were as follows:	Date of onset
N	8. Trada, profession, or particular kind of work dona, as SPINNER. Domestic			mosti		Pulmonary Tuberculosis	Date of ouset
OCCUPATION	SAWYER, BDDKKEEPER, atc. Domestic  9. Industry or business in which			mesrī	<u></u>		June
SUP	work was	dona, as SILK MILL, L, BANK, etc					1930
Ö		ation (month and		11. Total ti span	ne (yaars) t in this		
_	year)			0030	pation	Other Contributory Canses of importance:	
12.	BIRTHPLACE (city		and	1			-
ER	13. NAME			Jack	son		
FATHE			. 02 0	t odon	5011	None	
FA	14. BIRTHPLACE (State or		land	[		Name of operation Date of What test confirmed diagnosis? Was there an a	woney Lo
ER	15. MAIDEN NAM	ME Gerti	ude	Smit	h	23. If death was due to external causes (VIDLENCE) fill in also the following	
MOTH	16. BIRTHPLACE	(city or town)				Accident, suicide, or homicide? Date of injury	
Σ	(State or		Land			Where did injury occur?	
17.	INFDRMANT (Addrass)	John d. O'Henryton,	Ne:	11		(Specify city or town, county and Stat Specify whather injury occurred in iNDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18.	BURIAL, CREMAT	A //	h. 1	.11	- 01	Manner of injury	
_	Place Place	actio 60	mo.	te 7/	35 ,1932	Nature of injury	
19.	UNDERTAKER .	sarah	CE	nou	u Sous	24. Was disease or injury in any way related to occupation of deceased?	Mo.
-		OSW mon	4	The same	186	If so, spacify	
20.	FILED 4/22	/32,19	del	0 (9)	Keen. Registrar.	(Signed) All Merce	Zuch
				Local		(Address) (Addre	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURKAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 0394	
County Carroll	12-0	1
Village or City Lykesvelle	No. Shringfuld State Hospilat St.	War
(If	death occurred in a hospital or institution, give its NAME instead of street and number	r)
7 . 1 1	/7ds. How long in U.S. if of foreign birth?yrsmos	d
a. 1610 m. 1	St. Ward Frederick, mary land	
(a) Residence: No. Theward, Maryland (Usualplace of abode)	St., Ward / Care / Mary enact  ff nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
In ale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married	21. DATE OF DEATH Aril 19th (Month) (Day) (193	2 (eer)
B. If merried, widowed, or divorced HUSBAND of (or) WIFE of		
(or) WIFE of	22. October 29 1930 to april 193	ed fro
DATE OF BIRTH (month, day, end year) November 4 \$ 1849.	Hast sew ham elive on april 193 , 1932; deat	
AGE Yeers Months Deys If LESS then 1 dey,hrs.	to heve occurred on the dete steted above, et 1557 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	were es follows:	ofonse
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	March a lake a lake	igue
9. Industry or business in which work wes done, as SILK MILL, Stationary Business SAW MILL, BANK, etc.	2	nd/
9. Industry or business in which work wes done, as SILK MILL, Mationary Business SAW MILL, BANK, etc.  10. Date decessed lest worked at this occupation (month and year)  11. Total time (years) #0 years yeer)		
BIRTHPLACE (city or town) - Frederich	Other Contributory Causes of importence:	ion
(State or country) Ind		1 211
13. NAME Robert Johnston		1=1
14. BIRTHPLACE (city or town) hupmown (Stete or country) Tashington Co. Md	Name of operation Nove Physical Right & Symtonia Dete of What test confirmed diagnosis Was there an autopsy	Σ
15. MAIDEN NAME Mary Markell	23. If death was due to external causes (VIDLENCE) fill in also the following:	
(Stete or country) Tuknown.	Accident, suicide, or homicide? Dete of injury, 1	9
INFORMANT Springfuld State Hospital (Records) (Address) Supersville, ma	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	,
BUBIAL, CREMATION, OR REMOVAL  Dete April 1932	Manner of Injury	
UNDERTAKER Thor PRice Mile.	24. Was disease or injury in any way releted to occupetion of decessed? No	
FILED Afril 9, 1932 CHary Weer Registrar.	(Signed) Solm A. Morris (Apdress) (S.S.H.) Ryhisville, Ma	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, ebc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salcsman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL CDACE NOD DUDTIED CHAPTEMENTO DV DUVCTOLAN

ADDITIONAL SI ACE	FOR FURTHER STA	AILMENIS DI I	HISIOIAN	

OCCUPA. item of pluods PHYSICIANS statement RECORD PERMANENT 国 certificate. properly may back that instructions plain terms, efully important CAUSE -WRITI TION

BINDING

FOR

MARGIN RESERVED

1. PLACE OF DEATH County Carroll Village Dr City Lakesville PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Amale 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) lunkum hukmon 7. AGE If LESS than 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc..... OCCUPATION Industry or businass in which
work was done, as SILK MILL, Withirm
SAW MILL, BANK, etc... 11. Total tima (years)
spent in this war. 10. Dato decaasad last worked at hahronn this occupation (month and occupation 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) urman inknown 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)

Registration Dist. No. ND. Springfield State Hospital St.,
(If death occurred in a Horpital or institution, give its NAME instead of street and number) 24 ds. How long in U.S. if of foreign birth? Baltimore, Md. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH ERTIFY. That I attended deceased from to have occurred on the data stated above, at 8.10 A m The PRINCIPAL CAUSE OF DEATH and related causes of importance about 23. If death was due to external causas (VIOLENCE) fill in also the following: Accident, suicide, or homicide? ..... Date of Injury. Where did injury occur? .... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury If so, specify (Signed)

03943

If more blanks are needed, address State Registrar, 2411 N. Chaffes Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial hephrilis AY	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BURNATT	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BIND WITH UNFADING INK-THIS IS A PERM WRITE PLAIN

V. S. No. 1

	-	÷
	>	ě
		Ξ
	F	80
¥	0	ë
	3	0/
ر		X:
ц	70/	
Ľ,	0	be
_	O	ō
Z	0	0
THE STATE OF THE S	0	0
3	Δ,	٥ :
1	D	>
5	2	Ë
	9	_
	00 :	=
4	W	9
Z,	O	
2	4	
-	- 3	0 :
3	be	0
=	= 1	3
-4	0	n -
	3	2 5
4	00 1	= 0
	5	0
	3	2 2
)	0	= \$
-	W -	
	O.	1
2	04	( }
4	DI	
	B	, (
)	2 4	- 5
:	50	0
4	00 14	1
4	C 4	E
•	0 A	မ
-	at	
	E .	A
	orte	5
	at a	Ö
	_ 0	Ö
	T P	0
	ح ح	0
	E	1
	9 8	9
	- 00	E
	CIANS should state CAUSE OF DEATH IS ALL SHOULD BE Stated EXACTLY, P	statement of OCCUPATION is very important plain terms so that it may be properly class
	P A	tal
1	U O	00
10	0-	1
(	: 1	1
	5	6

PLACE OF DEATH	STATE OF MARYLAND
County Carrell	CERTIFICATE OF DEATH
Sulverion mel 80	Registration Dist. No.
Village or City Usrell 180- 41	Ward (If death occurred in a hospital or institu- tion, give its NAME in- stead of atreet and
-FOLL NAME () SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Married, Widowed.  OR DIVORCED (Write the word)	16 DATE OF DEATH april 17, 1932
6 DATE OF BIRTH	17 Y I HEREBY CERTIFY, That I attended the deceased from
March 31, 1877	Jeo 25 190 to apr 17 ,1932.
(Month) (Day) (Year)	that I last saw h de alive en aft, 17, 1932,
7 AGE	and that death occurred on the date stated above, at 1.01 Pm.
55 yrs. 0 moa. 17 da. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Stateswary Engineer (b) General nature of industry	Chrane Suterstitist rephrets.
business, or establishment in which employed or (employer)	(Duration) lunguage de
9 BIRTHPLACE (State or country) Batt	Contributory Epuliplis Paychocis Secondary
10 NAME OF STATE TO AN AND AND AND AND AND AND AND AND AND	(Signed) Form & Morris M. D.
M 11 BIRTHPLACE	april 17 1932 (Address) (S.S.N.) Dypesville ma.
OF FATHER (State or country) Clusters was 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Slaving.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) (MUKUANON)	ients or Recent Residents)  At place 2 yrs 1 mos 2 3 ds. In the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, luckusavus
they to Peal	Former or usual residence 248 Riverside aug, Baltimore, My
(Address) Bytasville - Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PINE 19 10 3 1
15 Filed afra 17 1932 CHarry Weer	20 UNDERTAKER  ADDRESS  ADDRESS  ADDRESS
If more bianks are needed, address State Registrar,	16 W. Saratora St., Balto, Requesting V. S. No. 1
	The state of the s

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). (b) Colton mill; (a) Salesman. without more precise specification as Day (b) For persons who have no occupation Stationary fireman, etc. But in many Automobile factory. The materia Locomotive engineer, (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"



"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations in statement of cause of death approved by Condittee on Tomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; American Medical Asociation.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid Chronic Example: Measles (disease etc. The contributory affection need valvular heart disease; not be

If this certificate is coked over throughly and all questions answered in detail, it will prevent furthe correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



mation B.—WRI

# STATE OF MARYLAND—CERTIFICATE OF DEATH

6.	0.	1.	.0	20	
0	. 5	4	a	0	-
V	()	V	T	9	1

1. PLACE OF DEATH	- (a) a
County logisoff	Registration Dist. No. 77
Village or City Manufistered	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Mary + lovence Nel	ly
(a) Residence: No.	Ast., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX Temale 4. COLOR OR RACE OR DIVORCED (write the word) Temale Mariet Mariet.	21. DATE OF DEATH  # ZJ, 193 Z (Month) (Day) (Year)
5a. If married, widowed, of divorced HUSBAND of (or) WIFE of Fronze M. Telly.  6. DATE OF BIRTH (month, day, and year) June 16-1859  7. AGE Years Months Days If LESS than 1 day, hrs. or main.  8. Trade, profession, or particular kind of work done, as SPINNER, Journal Roll of Work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceesed lest worked et this occupation (month and 4/2d/3. Z occupation 5. 2  12. BIRTHPLACE (city or town) Manual Language.	22. I HEREBY CERTIFY. That I attended deceased from Cofw. 20, 1932 to Cofw. 20, 1932  I last saw hallestee of Duddenly, 19 death is said to have occurred on the date stated above, at // a.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance ways as follows:  Occurred to the date stated above at // a.m.  Occurred to the date state
13. NAME Elisha Jackson  14. BIRTHPLACE (city or town) Hungefielead  (State or country)	Nama of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elizar Proce  16. BIRTHPLACE (city or town (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Neuropateral Med Date Opt 27, 132  19. UNDERTAKER Gold Officer (Address)  20. FILED Paul 26, 1927 Process  20. FILED Paul 26, 1927 Process  20. FILED Paul 26, 1927 Process  3. Services	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
Registrar.	(Address) Hunsfistead Mid

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUSZIAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state

BINDIN FOR RESERVED MARGIN

S. No. 1

plnods PHYSICIANS RECORD. PERMANENT classified. × certificate. proper SI THIS he back may on that instructions terms, See carefully d important. E DEATH should OF CAUSE mation LION

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Hew long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH DIVORCED (write the word) names (Wonth) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND OF That J attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than Davs 1 dey .....hrs. 30 The PRINCIPAL CAUSE OF DEATH and related causes of importance or ..... min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc ... 10. Date deceased last worked et 11. Totel time (years) this occupation (month end spent in this occupetion Other Coutributory Causes of importance: 12. BIRTHPLACE (city or tow (State or country) HER FAT 14. BIRTHPLACE (city or town Name of operation (State or country) What test confirmed diagnosis? ..... Was there an autopsy? MOTHER 15. MAIDEN NAME 23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?. 16. BIRTHPLACE (city or town (State or country) Where did injury occur?\_\_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR Menner of Injury Nature of injury 24. Was disease or Injury In any wey related to occupation of deceased 19. UNDERTAKER (Address) If so, specify Registrar.

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, ctc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1010	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
uly 5,1927	Peritonitis	3 days ago
	6	
	Other contributory causes of importance:	•
Tay 1,1923	Gastroenteritis	1 year
	uly 5,1927	Other contributory causes of importance:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	- 6
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSI. STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH e stated EXACTLY, I properly classified. Registration Dist. No. If death occurred in ......... Ward) a hospital or instituion, give its NAME inetend of street and MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 1 COLOR OR RACE | 5 SINGLE, eq MARKIED, WIDOWED WAY it may be on back should (Month) OR DIVORCED (Write the word) I HEREBY CERTIFY. That I attended the decessed from BIRTH 193 / to ... 4 that O (Day) (Year) and that death occurred on the date stoted above, at /. /... ... m. 80 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day ... hrs. terms 99 8 OCCUPATION ESERVED (a) Trade, profession or particular kind of work. plai (b) General nature of industry business, or establishment in (Duration) ......yrs......nos......de, \_ which employed or (employer) ?.. Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) .....yrs......mos.... 14 pino 0 10 NAME OF (Signed) FATHER, ō 4-. 2 3 ... 192 (Address) ..... II BIRTHPLACE \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether RENT AUS OF FATHER (State or country Accidental, Suicidal or Ilomicidal 12 MAIDEN NAME O 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate ients, or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER State, ..... yrs. .... mos. of death ... yrs. ... mos. ... da, (State or country) 7 Where was disease contracted, shoul if not at place of death?.. statement Former or usual residence, (1) DATE OF BURIAL ACE OF BURIAL OR REMOVAL CLAN 's more blanks are needed, address State Registrar, 16 W. Shratoga St., Balto., Requesting

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescapation is very important, so that the relative health business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causine death. gaged in domestic service for wages, as Scrucht, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; whatever, write None. tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork. or At Home, and children, not gainfully em-Statement of Occupation Precise statement of oc For many occupations a single word or term on -Coal mine, etc. Wom-

EASE CAUGING DEATH (the primary affection with respect to time and causation), using always the same accept the term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia. Bronchopneumonia ("Pneumonia"):

wyes, peritonacum, etc., Carcinoma, Sarcoma, etc., of ....... (name origin; "Cancer" is less definite; avoid can be ascertained as the cause. Always qualify all symptomatic), "Atrophy," "Collapse," eonditions, such as "Asthenia," "Anacmia" ary), 10 ds. Never report mere symptoms or terminal causing death). 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men quences (e.g., sepsis, totanus) may be stated under the and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "PUERPERAL septicaemia," "PUERPERAL peritonitie," etc. diseases resulting from childbirth or miscarriage as "Uruemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," vulsions," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory ture of the injury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. train-accident; Revolver around of head-homicide; as probably such, if impossible to determine definitely State cause Whooping cough; ment of cause of death approved by Committee on Nomenclature of the American Medical Association.) Examples: Accidental drowning; of "contributory." (Recommendations on state-FOR VICLENT DEATHS STATE MEANS OF INJURY "Debility" for which surgical operation was under-Charonic valvulur heart discase; ("Congenital," "Senile," etc.), Example: Measles Struck by railway "Coma," "Haemor-(disease (merely (second-

If this certificate is labeled over thoroughly and all questions an wered in estall, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may be carefully supplied.

TION is very important.

of OCCUPA-

Exact statement

STATE OF MADVI AND CEDTIFICATE OF DEATH

13949

1	. PLACE OF	DEATH	Marylan	d Tuberci	ulosis	Sanatori	um		1
1	CountyC	arroll	( C	olored B	ranch)	2.3	Registration Dist.	No. 74	
	Village or Ci	ty Henryton		(1)	No.	(above) n a hospital or instituti flow long in U.S. if of	on, give its NAME inste	St.,	Ward umber)
2		ME Samuel I ce: No. 1013 Ber		ace, Bal	timore,	Mare.	If nonresident give o	city or town and	State
	PERSON	AL AND STATIST	ICAL PARTI	CULARS		MEDICAL CE	RTIFICATE OF	DEATH	
-	sex Male	4. COLOR OR RACE Colored		RIED. WIDOWED, D (write the word)	21. DATE	OF DEATH	pril, 9,	1932	199(Year)
_	If married, widowe HUSBANO of (or) WIFE of	ed, or divorced month, day, and year)	ay. 24.	1893		1, 1931	CERTIFY, 10	That I attended of 1 9 1	
	AGE Year		Days	If LESS than	to have occurr	red on the date stated	above, at 7.30	A.M.	; death is said
	38	10	16	1 day,hrs.		AL CAUSE OF DEATH	I and related causes of		Oate of onset
OCCUPATION	9. Industry or b	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc ousiness In which done, as SILK MILL,	Janitor		F	ulmonary	Tubercul	osis	Oct.,
OCCO	JO. Oate decease	L, BANK, etcd last worked at vation (month and	sp3	ime (years) nt in this upation	01-26-21				1930
_	(State or coun	try) Penn	sylvania aman Mad		Other Contrib	utory Causes of impor	tance;		
FATHER	13. NAME  14. BIRTHPLACE  (State or	(city or town)	[ maj		Name of opera			Date of	u'opsy? U.C
MOTHER	15. MAIOEN NAM	(city or town)	ietta Jo land	усе	Accident, suic	ide, or homicide?	es (VIOLENCE) fill in a		
17.	INFORMANT J	ohn E. O'N lenryton, M	eill, M.	D.	Specify wheth		(Specify city or town INDUSTRY, in HOME, (		
18.	BURIAL, CREMATI	ON, OR REMOVAL	7 Date Op	il 11, 19 92	Manner of Inju				
	UNDERTAKER (Address)	Mrs X X	Effli	otto	24. Was disease		y related to occupation	of deceased?	uo.
20.	FILED 4/9/3		uty Loca	Mecce	(Signed).	Address)	Mer G	- Cles	Chi. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

-WRITE mation

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis MAY 4 7922	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
1.5			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# PERMANENT BINDING FOR MARGIN RESERVED

pluods Every item of PHYSICIANS RECORD. classified. properly stated may that

STATE OF MARYLAND—CERTIFICATE OF DEATH Carro Registration Dist. No. County runaheld state Hospital Village or City Dukesville (If death occurred in a happital or institution, give its NAME instead of street and number) \_mos. / 2 \_ds. How long In U.S. if of foreign birth? If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) male Single (Day) 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I ettended deceased from (or) WIFE of certificate 6. DATE OF BIRTH (month, dev. and yeer) on the date stated above, et 247, 1-m 7. AGE Months If LESS than RINCIPAL CAUSE OF DEATH end releted causes of importence Data of onset 8. Trede, profession, or particular kind of work done, as SPINNER, Prot 4 back Industry or business in which work wes done, es SILK MILL. SAW MILL, BANK, etc .... To Dete deceesed lest worked at October 11. Total time (years) / 6 years On this occupation (month and occupation .... instructions 12. BIRTHPLACE (city or town) (State or country) plain terms, 13. NAME Newman FATHER 14. BIRTHPLACE (city or town) (State or country) carefully important. 23. If deeth wes due to externel causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?\_\_\_\_\_ Dete of injury\_ OF DEATH 16. BIRTHPLACE (city or town). (Stete or country) Where did Injury occur?... (Specify city or town, county and State) shital Records Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. should Superrile 18. BURIAL CREMATION, OR Manner of injury TION is CAUSE mation Nature of Injury 24. Was disease or injury in any

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

if so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURYAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EAAUTL CAGSE OF DEATH in plain terms, so that it may be properly classified.

on should be carefully supplied.

V.S. No

TION is very important.

AGE should be

See instructions on back of certificate.

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE C	F DEATH	1	Maryl	and Tube	rculosis Sanatorium	16
CountyC	arrol	1		Color	red Branch (23) Registration Dist. No. 74	
Village or	City Hen	ryton,	Md.			Ward
Length of re	sidence in city	or town where d	leath occurred	) vrs 4 mos	No. (above) St.,  f death occurred in a horpital or institution, give its NAME instead of street and no.  8 ds. How long in U.S. if of foreign birth?	amber)
2. FULL NA					near the state of	
				. Baltim	org, Marwaland.	
(a) neside	ince. No.		(Usual place		If nonresident give city or lown and S	Stale
	NAL AND	STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Female	4. COLOR	or race	s. single, Mari	RIED, WIDOWED,	21. DATE OF DEATH  April 7, 1932  (Month) (Day)	198
5a. If married, wido HUSBAND ot (or) WIFE of		ard Maj	rtin		2211/10/31EREBY CERTIFY That attended d	eceasad from
6. DATE OF BIRTH	(month, day, a	nd year) F	eb., 20,	1902		, death is sald
	ears	Months	Days	tf LESS than	to have occurred on the date statad abova, at 2.00 A.M.	
3	30	1	16	1 day,hrs. ormin.	were as tulione.	Date of onset
8. Trada, prof kind of SAWYE	ession, or parti work done, as R, BOOKKEEPE	SPINNER, THE	ousewife	<b>;</b>	Pulmonary Tuberculosis	
a work w	businass in w as done, as SIL ILL, BANK, etc.	K MILL,				Aug., 1931
- (1113 000		d at	sper	me (years) it in this pation		1301
12. BIRTHPLACE ( (State or co	city or town)	North (	Carolina	1	Other Contributory Causes of Importance:	
13. NAME	Thoma	s Cart	er			
13. NAME 14. BIRTHPLAC (State	CE (city or town	Nort	h Caroli	na	Name of operation Date of What test confirmed diagnosis? Was there an au	
五 15. MAIDEN N	AME Mar	ida Dar	niel	Transfer	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN N 16. BIRTHPLAC	CE (city or town	, Nort	h Caroli	na	Accident, sulcide, or homicida? Data of Injury  Where did injury occur?	
17. INFORMANT (Address)		ryton,		D.	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	) CE,
18. BURIAL, CREMA	mit 11	Bumz	Date 7/10	,1932	Manner of injury	
19, UNDERTAKER (Address)	Day	ela la a	m. e	Ave	24. Was disease or Injury In any way related to occupation of deceased?	uo.
20. FILED 4/7/	8 0 VG	Ball Le Dep	uty Loca	N Segistrar.	(Signed) Thun a Welle (Address) Tennytons	7 Ecd
(/		If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I VED	1	Example II	
of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

1 PLACE OF DEATH STATE OF MARYLAN PHYSICIAN t statement CERTIFICATE OF DEATH Registration Dist. No. St.: .....Ward) EXACTLY RECORD classified PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 3 SEXI 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH stated MARRIED. WIDOWED OR DIVORCED (Month) properly certificate HEREBY CERTIFY, That I attended deceased from eq S DATE OF BIRTH should (Year) (Day) (Month) 7 AGE of It LESS than may and that death occurred on the date stated above, at Zoofm. ы 1 day, hrs. AGE OF DEATH . was as follows: mln.? OCCUPATION supplied (a) Trade, profession, or instructions particular kind of work. (b) General nature of industry terms, business, or establishment in (Duretion) which employed (or employer Contributory BIRTHPLACE econdary (State or country) 6 90 BU 10 NAME OF pe 'n FATHER Should EATH in important S 11 BIRTHPLACE ENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. information AUSE OF D OC. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTE 13 BIRTHPLACE At place In the OF MOTHER S (State or country) .....yrs. ......mes. ......ds. Stete, ......yrs. ..... mes. . Whera was diseese confracted, 20 14 THE ABOVE IS TRUE If not al place of death?... Every item o should state OCCUPATIO Former or usual residence PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER REGISTRAR

ESERV

r

If death occurred in

a hospital or institution. give its NAME instead

of street and number.

DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

write Nanc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Screamt, Cook, employed, as At school or wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Hausckiepers mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more mill; (a) Salesman, (b) tracery: (a) Foreman, (b) Autotaken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer only when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, As examples: (a) Spinner, (b) Cotton At home. Care should be Locomotive engineer, If retired from The question

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchapneumania ("Pneumonia," Lobar indefinite); Tuberculosis of lungs, menin-

mus, genital," and consequences (e. g., sepsis, telanus) may be stated Examples: Accidental drowning; "Annemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicite; Poisaned by carbolic acid-probably "PUERPERAL peritamilis." symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valualar heart disease; Chronic interstitual "Tumor" for malignant neoplasms); Measles; Whooping state MEANS OF INJIRY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent neaths etc., when a definite disease can be ascertained as the "Heart failure," "H.cmorrhage." "Inanition," "Marasrent) affection need not be stated unless ," "Old Age," "Shock," "Uraemia." "Weakness, or miscurriage as "Puerperal septichaemia," by railway train-accident: Always qualify all diseases resulting from child-"Senile," etc.), "Dropsy," The contributory (secondary or intercuretc. State cause for which Never report mere Revolver "Exhaustion," important. n.ound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

					(
MARGIN RESERVED FOR BINDING	VED	FOR	BINDING		(H
I UNFADING INK-	-THIS	IS A I	PERMANENT	H UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-	infor-
supplied. AGE shou	ild be	stated	EXACTLY	supplied. AGE should be stated EXACTLY. PHYSICIANS should state	state
in terms, so that it m	ay be	proper	ly classified.	in terms, so that it may be properly classified. Exact statement of OCCUPA-	UPA-
the instantion of Last of southfloods	J1.	Santiffan	+0	/	

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County Village or City Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? Length of residence in city or town where death occurred. 2. FULL NAME Ward. (a) Residence: No If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWEO. 21. DATE OF DEATH 4. COLOR OR RACE OR DIVORCED (write the word) 193 2 (Month) (Year) 5a. If married, widowed, or divorced HUSBANO of 22. CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) If LESS than 7. AGE Years Months Days The PRINCIPAL CAUSE OF DEATH and related causes of importance 10 or .... mln. were as follows Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at this occupation (month and 11. Total time (years) spent in this occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town (Stata or country) FATHER 13. NAME Name of operation 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis carefully in pl OTHER important. 15. MAIOEN NAME 23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) DEATH (State or country) Where dld injury occur?.... should be (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. very 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury CAUSE mation Nature of Injury LION 24. Wes disease or injury in any way related to occupation of deceased?\_ 19. UNOERTAKER (Address) If so, specify 20. FILED. / (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
he principal cause of death and related causes f importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
rteriosclerosis	1915	Attack of epilepsy	1 week ago	
hronic interstitial nephritis	1921	Run over by street car	1 week ago	
erebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
MAY N 1995				
other contributory causes of importance:		Other contributory causes of importance:		
Callstones (1)	May 1,1923	Gastroenteritis	1 year	

WELL PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforiation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. mation should be carefully supplied. TION is very important.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

03954

1. PLACE OF DE		Maryl		rculosis Sanatori um d Branch (33) Registration	D	
Village or City		ton, Mo		No	Dist. No. 74	Ward
Length of residence I	n city or town where o	leath occurred	O yrs. 5 (If	death occurred in a hospital or institution, give its NAME.  How long in U.S. if of foreign birth?	instead of street and	d number) mosds.
2. FULL NAME_ (a) Residence: No			., Balto		give city or town a	nd State
PERSONAL A	ND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE		
_	lor or race		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH April 25	, 1932	, 198 (Year)
5a. If married, widowed, or of HUSBAND of (or) WIFE of	livorced	?			Y 25/32	
6. DATE OF BIRTH (month,	day and year) AU	g., 2,	1904	llast saw her elive on April 2		, 19
7. AGE Years	Months	Deys	If LESS than		20 mPM	, death is said
27	8	23	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related cause were as follows:		Date of onset
8. Trede, profession, o kind of work do SAWYER, BOOK		aid		Pulmonary Tuberculos	18	A
NOOL Kind of work to SAWYER, BOOK 9. Industry or busines work wes done, SAW MILL, BAN 10. Date deceased last this occupation of	s in which as SILK MILL. THO	usework				0ct 1931
10. Date deceased last this occupation (	worked at	spa	ime (years) ntin this upation			
12. BIRTHPLACE (city or town (State or country)	south	Carolin	a.	Other Coutributory Causes of Importance:		
E 13. NAME Ben	jamen Dav	is				
14. BIRTHPLACE (city o	(01111)	h Carol	ina	Name of operation	Date of	7/4
15. MAIDEN NAME	????????	????			Was there ar	
16. BIRTHPLACE (city o	r town)	h Carol	ina	23. If death was due to external causes (VIOLENCE) fill Accident, suicide, or homicide?		
17. INFORMANT John (Address)	Henryton	ill, M. Maryl		Where did injury occur?(Specify city or Specify whether injury occurred In INOUSTRY, in HOI	town, county and St ME, or In PUBLIC P	tale) PLACE.
18. BURIAL, CREMATION, OF	11	Date //30	,,32	Manner of Injury		
19. UNDERTAKER	ill Be	story	ill	24. Was disease or injury In any way related to occupa If so, specify	tion of deceesed?	uo.
20. Files 4/25/32	Core Denu	M. K. Loca	Registrar,	(Signed) / Men /	Euroton	le M.D.
	AND THE PERSON NAMED IN	blanks are needed		and N. Charles Stand Patrick P. 19 19 19 19 19 19 19 19 19 19 19 19 19	-	7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

A Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
8			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

of OCCUPA.

N. B.-WRITE

V. S. Mo. 1

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH
DEATH				

0	67	6	E	0.0	-
U	1)	0)	1)	9	I
	1				

AL PEACE OF DEATH		11-2		100	/
County Daniel			Registration D	ist. No. 7	4
Village or City Ly Kesy	elle	No.		St.,	Ward
Length of residence In city of town where death		f death occurred in a hospital or instit s. ds. How long In U.S. if			
Oa. 1	1 Jan	617 .10	or toreign puttitions	yisn	110505
2. FULL NAME Sarah	que me	Rundel	>		
(a) Residence: No. Killely	(good)	St., Ward.	16		1 e
PERSONAL AND STATISTICS	(Usual place of abode)	MEDICAL	ERTIFICATE	OF DEATH	d State
PERSONAL AND STATISTICA			ERTIFICATE	OF DEATH	
	SINGLE MARRIED, WIDOWED, DR LIVORCED write the word)	21. DATE OF DEATH	(Month)	225 (Day)	, 193_2 (Year)
Sa. If marriad, widowed, or vivorcad HUSBAND of (or) WIFE of  Aures  J	1911 - Runel	22. I HEREB	CERTIFY 192, to	That I attended	. , 19 3
5. DATE OF BIRTH (month, day, and year)	29,1831	1 last saw h — alive on	JU, 24	195	, death is said
7. AGE Yaars Months	Days If LESS than 1 day,hrs.	to Maya occurred on the date state			
0/5/-#	4 ormin.	The PRINCIPAL CAUSE OF DEA wera as follows:	TH and related causes	of importance	Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	ome	Browles	Luciaca	mia	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc		V			
10. Bate deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation				~ 0
12. BIRTHPLACE (city or town) 12. (State of pountry)	land	Other Contributory Causes of Imp	oortance:		
1 71/11	100.0	Jucus	ja-		
13. MANE (Lease) 14. BIRTHPLACE (city or town)	seaces 1	0			
(State or country)	ruland	Name of operation			
	00 1411.0-1	What test confirmed diagnosis?			
15. MAIDEN NAME arlla to	new welco	23. If death was due to external ca			
15. MAIDEN NAME and the 16. BIRTHPLACE (city or town)	III faria	Accident, suicide, or homicide?		ata of Injury	, 19
(State or country)	MED:	Where did injury occur?	(Specify city or to	own, county and Sta	ate)
17, INFORMANT (Address) Caronia	ned,	Specify whether injury occurred	in INDÚSTRÝ, In HOM	E, or in PUBLIC PL	LACE.
18. BURIAL, CREMATYON, OR REMOVAL	Tal a-	Manner of injury			
Place Isllry Cly, D	ate 44. 75193:	Nature of injury			
Easter 1	orde	24. Was disease or injury in any	way related to occupat	ion of deceased?	Rd
19. UNDERTAKER CARDON (Address)	ethe min.	If so, specify	290		
11. 22 22 /01/	1.221	(Signed)	. ///an	Assa	мп
20. FILED 1910 1. 1.100 1. (1.15)	Registrar.	(Address Car	dollas	Tiess	md
	-1-031/6/.	(1100100	STUCKE	0	- J J

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

I I	Example I			Example II	
The principal cause of de of importance were as foll	ath and related	causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis			1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	BAAY A	1033	1921	Run over by street car	1 week ago
Cerebral hemorrhage	2.77	1012	July 5,1927	Peritonitis	3 days ago
	BUREAT	TVS	, ,	•	
Other contributory causes	of importance		adalijarii) (re. a	Other contributory causes of importance:	
Gallstones			May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No.

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

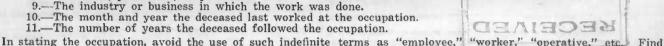
To be complete, an occupation return must state:

should be called a salesman and not a clerk.

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.



out the particular kind of work done and return that, as spinner, weaver, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastrocnteritis 1 year

BINDIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH state 1. PLACE OF DEAT plnods Registration Dist. No. County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS ds. How long in U.S. If of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos. Length of residence in city or-town where death occurred 2. FULL NAME RECORD. (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 3. SEX COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) assified 5a. If married, widowed, or divorced HUSBAND of That i attended deceased from (or) WIFE of × C 4 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Years Months If LESS than to have occurred on the date stated above, at & Davs 01 The PRINCIPAL CAUSE OF DEATH and related causes of importance or ..... min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Jo may 9. Industry or business in which plnods work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant In this that occupation . vear) \_\_\_\_\_ instructions Other Contributory Causes of importance 80 12. BIRTIIPLACE (city or town) (State or country) FATHER 13. NAME See Name of operation. 14. BIRTHPLACE (city or town in plain (State or country) fully What test confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: importan Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_ DEATH 16. BIRTHPLACE (city or town (State or country Where did injury occur?\_.. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE, ould 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE TION Nature of Injury. 24. Was disease or injury In any way related to occupation of deceased?. 19. UNDERTAKER (Address) If so, specify (Signed) Registrar.

(Year)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

STATE	OF	MARYL	AND-	-CERTI	FICA"	TE OF	DEATH
		has breats	misho:	noullost	o Con	otonin	929

1		STATE C			CERTIFICATE OF DEATH 03	958
1	. PLACE OF DE		Maryra		culosis Sanatorium Branch) 23	
	County Carr	oll		(COTOT GC	Registration Dist. No. 74	
/	Village or City_H		0	A (II	ND. (&DOVO) St., death occurred in a hospital or institution, give its NAME instead of street and no	
1	Length of residence in				ds. How long in U.S. if of foreign birth?yrsmos	ds.
2	. FULL NAME					
	(a) Residence: No.	Malcolm			Id . St., Ward.	
actions.	PERSONAL A	ND STATISTI	(Usual place o		If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	itate
3.		LOR OR RACE	5. SINGLE MARR	IFD. WIDOWED.	21. DATE OF DEATH	
		olored	OR DIVORCED Widow	(write the word)	April, 8, 1932 (Month) (Day)	199(Year)
5e.	If married, widowed, or d HUSBAND of (or) WIFE of	ivorced			22. I HEREBY CERTIFY, That I attended do	eceased from
	(OI) WIFE OI		<u> </u>	,	Nov., 30, 1931, to April. 8, 1	1932
6.	DATE OF BIRTH (month,	day, and year) Se	ept., 11	, 1887		death is said
	AGE Years	Months	Days	If LESS than	to heve occurred on the date stated above, at $12.30_{ m m}$ P $\cdot$ M $\cdot$	
	44	6	28	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were es follows:	Date of onset
NOI	8. Trade, profession, or kind of work dor SAWYER, BDOKK	particular ne, as SPINNER, EEPER, etc.	Labore	r	Pulmonary Tuberculosis	
OCCUPATION	9. Industry or business work was done.	in which				Sept.
1000	SAW MILL, BAN 1D. Date decessed last this occupation (syear)	worked et	11. Total tin	ne (yeers) t in this pation		1931
12.	BIRTHPLACE (city or tow (State or country)	Bryan Maryla			Other Contributory Causes of importance:	
2	13. NAME	Willia	am Moore			
FATHER	14. BIRTHPLACE (city or (State or country	24			Name of operetion Date of	7
2	15. MAIDEN NAME	Jennie	e Gant		23. If death was due to external causes (VIOL ENCE) fill in elso the following:	
MOTHER	16. BIRTHPLACE (city or (State or country	town) Bryan	town		Accident, suicide, or homicide? Date of injury Where did injury occur?	
17.		n E. O'No		D.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	
18.	(Address) Henryton, Maryland.  18. BURIAL, CREMATION, DR REMOVAL  19. UNDERTAKER (Address)  (Address)  (Address)  (Address)  (Address)				Manner of injury	
19.					24. Was disease or injury in eny way related to occupation of deceased?	40.
20.	FILED 4/8/32	, 19 Dept		9 Kecke 1 Registrar.	(Signed) Mun Sterregtan	M. D.
		If more	blanks are needed, ac	Idress State Registrar,	2421 N. Charles Street, Baltimore, Requesting V. S. No. 2.	

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal eause name the disease or injury causing death. As related eauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal eause. Under other contributory eauses of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal eause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory eauses of importance:	

ENT RECORD

MARGIN RESERVED FOR BIND

V. S. No. 1

WRITE PLAINL!, WITH UNFADING INK--THIS IS A

## STATE OF MARYLAND CERTIFICATE OF DEATH

1		0000
	PLACE OF DEATH	STATE OF MARYLAND
/	County OMPTOLL	CERTIFICATE OF DEATH
		Registration Dist. No. 83
V	illage or City Postbone (No.	St: Ward) (If death occurred i
	2FUIL NAME Darah G. G. M.	tion, give its NAME in stead of street an number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARNIED	16 DATE OF DEATH
I	Temale Ithite OR DIVORCED (Write the word)	(Month) (Day) (Year)
6	DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
	Sept. = 13 =, 1864	190 10 00 192
~	(Month) (Day) (Year)  AGE	that I latteaw h A alive on
í	I dayhra.	and that death eccurred on the date stated above, at 730 0 m. m. The CAUSE OF DEATH * was as follows:
_		
	(a) Trade, profession or Jourges de	Internal Obstruction
	particular kind of work sources (b) General nature of industry	(Partial)
	business, or establishment in which employed or (employer)	(Duration) yremosde
_	BIRTHPLACE	Contributory Secondary
	(State or country) Mary land,	(Duration)ytsdi
	FATHER GERSON TO PICKETT	(Signed) Planley Trabil M. D.
S		4/30 19B2 (Address) Mt ary Mg
ENT		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal,
PAR	OF MOTHER THE STATE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
-	13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the
	(State or country) Mary land.	of deathyrsmosds. Stateyrsnosds Where was disease contracted,
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
	(Informant) Helliam C. Mulling,	usual residence
	(Address) Moodbrice, Mid.	Morgan Chapel County May 2: 1932
15	Filed / /ay 1902/ana /// Hewell	20 UNDERTAKER ADDRESS  MM MARTHUR D'AL TO D
	Abuti Local Registrar	10.111. 11043: 11 my weld, and.
=		10 W Santage St Balta Bassasing V/S No 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many definite salary, may be entered as Housewife, Houseer," etc., Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager." "Dealsary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Housemoid, etc. to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer. Laborer-(b) Cotton mill; (a) Salesman. (b) without more precise specification as Day For persons (b) Automobile factory. The material If the occupation has been changed who have no occupation -Coal mine, etc. Grocery;

Statement of Cause of Death—Name, first, the DISLEA ECOUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Brouchopneumonia ("Pneumonia,")

Recommendations on statement of cause of American Medical Association.) approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicido; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railwoy train-Whooping inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, by cough; or intercurrent) affection need not be Committee on Nomenclature Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

H		, PHYSI-
VED FOR BINDING	THIS IS A PERM NEW RECORD	pplied. ACE should be stated EXACTLY, PHYSI- erms so that it may be properly classified. Exact
FOR	IS A	ACE tha
/ED	THIS	pplied erms

	PLACE OF DEATH County AND COUNTY	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 8
	Village or City Aufeville (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7	3 SEX 4 COLOR OR RACE MARRIED, MIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Of W 1922 (Month) (Day) (Year)
	Month) (Day) , 1930 (Year)	that I last saw h Malive on afaul 16 1932
	7 AGE    Standard   If LESS than   I day hrs.   or min.?	and that death occurred on the date stated above, at
	a OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  (State or Country)  13 BIRTHPLACE OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address)  15 Filed  1982  16 Registrar	Contributory Secondary  (Durstion)  (Durstion)  (Signed)  (Signed)
	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the dutics of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a nner, (b) Cotton mill; (a) Salesman, (b) Grocery:

Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For persons who have no occupation Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrostinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of discases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart fallure,", "Haenforthage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. use of "Tumor" unqualified, is indefinite); approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-(secondary as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial (name origin; "Cancer" is less definite; avoid cough; cough; Chronic valvular neur usones, erstitial nephrice, etc. The contributory or intercurrent) affection need not be ess important. Example: Measles (disease for malignant neoplasms); Tuberculosis of lungs, men-Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE PLAINLY,

N. B.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Carroll	Spring field States Tolegistration (Dist) No. 74
Village or City Sykesvelle	No. Maryland St., Ward feath occurred in a horpital of institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	
2. FULL NAME HARRY-F- NICK	LIN
	Adst., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (co) WHEE WAY H.T. Nickling	22. I HEREBY CERTIFY. That I attended deceased from 26 - 1927, to april 9 32
6. DATE OF BIRTH (month, day, and year) aug 22-1889	Hast sew have elive on afaul 19th 1932; death is said
7. AGE Years Months Days If LESS, than	to have occurred on the date stated above, at 4.38 Pm.
42 8 8 f day, 16_hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, Embalmer SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done as SLI K MILL	General Taralysis oct
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	1 1 1 12
CA TO Date deceased last worked at	I the susane 1997
this occupation (month and spant in this occupation occupation	1121
alla. A. +	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	-
13. NAME James W. Nieklin	4 - 40
13. NAME James W. Niekling 14. BIRTHPLACE (city or town) Varquia	Neme of operation Date of
(State or country) william	What test confirmed diagnosis? Labortory Was there en aulopsy? 24.00
15. MAIDEN NAME Lydia, Perry	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME Cydia Perry  16. BIRTHPLACE (city or town) www.	Accident, suicide, or homicide? Date of injury19
(State of Country)	Where did injury occur?
17. INFORMANT wife wiris Harry 7 Nachline	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) # 30 - North Lee SX (Cumberla . 1)	
18 BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Crisquebelland Mil Date afu 12, 19 32	Nature of Injury.
19. UNDERTAKER I fee a Sou Due. (Address) Systematice Mid.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Sfur. 9, 1932 CHarry Where Registrar.	(Signed) John h Moures M. D. (Address) Springfield State Hospital
Acginiar.	Jakka ablito He A

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1 1882 A 1882	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BISER	July 5, 1927	Peritonitis	3 days ago	
Other contributory c	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				- 1 - 1	

	L', WI	To the second of the
	PLAINLY,	of Info
	WRITE	W R Eve
7		F EV
•		2

		03962
	PLACE OF DEATH	STATE OF MARYLAND
	County Carroll	CERTIFICATE OF DEATH
		Registration Dist. No. 8
incate.	Village of City Ledgeville (No	St.: Ward)  (If death occurred in a hospitul or institution, give its NAME-viristead of street and number.)
cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
CK OT	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH April = 16 = 1837
Da	6 DATE OF BIRTH	(Nonth) -9 (Day) 1932(Year)
0 8	feb: =10= 18v3	apr 9 1932 to april 16, 1982
LOU	(Month) (Day) (Year)	that I last saw h was alive on april 15 , 1929 2,
struct	7 AGE    If LESS than   day hrs.   day hrs.   or min.	and that death occurred on the date stated above, at Jij m. The CAUSE OF DEATH * was as follows:
nee in	B OCCUPATION (a) Trade, profession or farmer, (retired)	Lobar Poneumonia
tant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. 3 de.
Impor	9 BIRTHPLACE (State or country) Maryland,	Contributory Secondary DEduce Durstion) yes mos de
s very	10 NAME OF Shilliam hornod.	(Signed) Santy Frabil M. D. 4/16/1932 (Address) Mary his
	State or country)    State or country)   Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
< L	of MOTHER Barbara Cyan	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	OF MOTHER (State or country) Maryland.	At place of death
5	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence
10110	(Informant) Miss Ollisaoria 6. Rommon	19 PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL
20101	Filed apr/6 19232 A Decycler Registrar	20 UNDERTAKER Watts M Suffeld Med
		r, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from sary to know (a) the kind of work and also (b) the tired 6 yrs. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screent, Cook ployed, as At school, or At home. Care should be taken definite salary, may he entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; if nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Former (re Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, ," etc., Foremon, or At Home, and children, not gainfully em-For many occupations a Form laborer. Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material single word or term on (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Liphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

(Recommendations on statement of cause of death approved by Committee on Nomenclature American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL perilonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al causing death), 29 ds.; Bronchopncumonia (secondary). Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis, of lungs, men-Examples: Accidental drowning; Struck by roilway traintions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; Chronic "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid peritonoeum, etc., Carcinoma, Sorcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be ass important. Example: Meusles (disease etc. The contributory volvular heart Measles; disease; " etc.

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state

of OCCUPA-

## STATE OF MARYLAND-CERTIFICATE OF DEATH

6	"	9	10	3
l E	. {	43	E.	. {
V	3	V	U	1 1

1. PLACE OF DE	ATH	Maryla	nd Tuber	culosis Sanai	torium		
County Carr	oll	C	olored B	ranch 23	Registration	Dist. No. 74	-
Village or City	Henryt		O (II	NoNo	institution, give its NAM	AE instead of street	.,
2. FULL NAME (a) Residence: No	0 - 3 + 3		Maryland	Dusta.	() <sub>E</sub> ,	nt give city or town	
PERSONAL A	ND STATISTIC	AL PART	CULARS	MEDICA	L CERTIFICAT		
D I	lor or RACE   5		RIED, WIDOWED, D (write the word)	21. DATE OF DEA	April 13,	1932	, 198(Yeer)
5a. If marriad, widowed, or d HUSBAND of (or) WIFE of	ivorced			22. I HERE Aug., 10, 19	BY CERTIF		nded deceesed from
6. DATE OF BIRTH (month,	dev. end year) Jan	., 28,	1907	l last saw h 1m aliva o	April	13, 1932	deeth is said
7. AGE Years	Months 2	Deys	If LESS then 1 dey,hrs. ormin.	to heve occurred on the determined The PRINCIPAL CAUSE OF were es follows:		20 AM uses of Importence	
8. Treda, profession, or kind of work dox SAWYER, BOOKE	perticular na, as SPINNER, F EEPER, etc.	arm La		Pulmonary (	Tuberculos	sis	Date of onset
kind of work doi SAWYER, BOOK! 9. Industry or busines: work wes done, SAW MILL, BAN 10. Date decessed last to	s SILK MILL, K, etc				*******************		June.
10. Date decessed last this occupation (in year)	worked at month end	11. Total t	ime (years) nt in this upetion	Other Contributory Causes o	f importance		1931
12. BIRTHPLACE (city or tow (Stete or country)	m) Marylan	đ	******************	Other Conditionary Causes (			****
TI	brose Off	utt					
14. BIRTHPLACE (city or (State or country	,	land		Name of operation	ie?	Dete	11
15. MAIDEN NAME	Evelyn C	_		23. If death wes due to extern			
15. MAIDEN NAME  16. BIRTHPLACE (city or (State or country)		land		Accident, suicide, or homicide	le?	. Date of injury	, 19
17. INFORMANT Joh (Address)	n E. O'Ne Henryton.		1. D.	Specify whether injury occur	(Specify city o rred in INDUSTRY, in H	or town, county and OME, or in PUBLIC	I State) C PLACE.
18. BURIAL, CREMATION, OF	REMOVAL.	Dete for	1/6,1932	Menner of Injury		0-0000000000000000000000000000000000000	
19. UNDERTAKER RANGE (Address)	11/130	yben	7	24. Was diseese or injury In If so, specify	any wey related to occur	pation of deceased	1. Uo.
20. FILED 4/13/52	19 Tha	GC Local	Meile Registrar.	(Signed)	Thu	A Eccus	ecle M.D.
		ks are needed, a	iddress State Registrar,	2411 N. Charles Street, Baltimo	re, Requesting U. S. No	), I.	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUBEAU V.S.			
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

AGE should be

should be carefully supplied.

ż

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

of OCCUPA-

Exact statement

## STATE OF MARYLAND—CERTIFICATE OF DEATH

1.	6 ,	6.	13	-1
0	.5	79	(1)	C&
0	1	40	1	-

:	1. PLAC	CE OF	DEA	ТН			(H-C)		4	/
	Coun	ty	Ca	rroll				Registration	Dist. No	4
					deeth occurred	(li	NoSpringfield  death occurred in a hospital or institution  8 ds. How long In U.S. if of form	n, give its NAM	E instead of street and	number)
	2. FULL	L NAM	EF	lvelvn N	A. Peirc	е				
							d. St., Ward.	If nonresident	t give city or town an	d State
en			the second second		ICAL PARTI		MEDICAL CE			o Diate
3.	sex Fema	4	. colo	r or race	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Apr	il (Month)	8 (Dev)	, 193 2
5a	. If married	i. widowed.				118-10		(Wonth)	(Dey)	(Yoar)
	HUSBAN (or) WI	FE of					22. I HEREBY			
					1 00	2022	March 31, 19			
	DATE OF I	BIRTH (mo	onth, day	y, and year) Al	1	-	to have occurred on the date stated a			; death is seld
1.	AGE			Months	Oeys	If LESS than 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH			
-	1 0 = 1	20		7	1 10	ormin.	were as follows:		Helican Street	Date of onset
NO	ki ki	e, profession	k done.	as SPINNER.	None		Influenza - ov Reported Apri			
OCCUPATION	9. Indus	stry or bus	sinoss ir	PER, etc			vehor seg Whr	1 60 1	1302.	
P D	S	ork was do AW MILL,	BANK,	SILK MILL, etc						
Ö	1Q. Date	deceasod his occupat	lest wor	rkod at nth and	11. Total t	imo (yeers) nt in this				
-	y y	oar)		**		pation	Othor Contributory Causes of imports	nce.	••••••	
12	. BIRTHPL.	ACE (city o	or town)	Pennsy	lvania	************	Dementia Praec	ox, ov	ver lå	
_	(State	or country					years.			
HER	I3. NAMI	E Cl	iff.	ord Pei	rce					
FAT	14. BIRT	HPLACE (c	ity or to				Name of operation		Date of	
-	(	State or co			sylvania		What test confirmed diegnosis?		Was there an	autopsy?
MOTHER	15. MAID	EN NAME	F	lorence	e Cromwe	11	23. If death was due to external cause	s (VIOLENCE) f	ill In also the followin	ng:
101				wn)			Accident, suicido, or homicide?		Dato of injury	, 19
2	1 (	State or co	ountry)	Penns	sylvania		Whore did injury occur?	(Specify city of	r town, county and St	nta)
17	informa (Addr		spi	tal Rec	cords		Specify whother injury occurred in it	NDUSTRY, In HI	DME, or in PUBLIC P	LACE.
18	BURIAL, O		m		lande apr	1 11,1932	Manner of injury			
19	. UNOERTA (Addr		Y. 2	Is the	md		24. Wes diseeso or injury in any wey  If so, specify	rolated to occup	pation of deceased?	
20	, FILEO	fu	8	1932 Cs	Jany)	Registrar.	(Signed) Address) S. L. H.	Well	hered,	Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BULLAG			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FUDTHED	STATEMENTS	DV	DHVCICL	TAT
ADDITIONAL	SPACE	ruk	FURTHER	STATEMENTS	BY	PHYSICIA	11

(M)	infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 63965
	should of OCCI		Registration Dist. No.  No Secure Guela Ktale New York Ward death occurred in a hospital of institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?  yrs. mos. ds.
	RECORD, Every PRYSICIANS Exact statement	2. FULL NAME Marcella L. Milife  (a) Residence: No.  (Usual place of abode)	St., Ward. Packey Case Man State
	SE to	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	EX.	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH Reil 2 ad 193 2 (Month) (Oay) (Yeer)
BINDIN	RMANE! X A C T classified	5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceesed from Skil 28, 1930, to Skil 2, 19 82
23	PEI E ly ate.	6. DATE OF BIRTH (month, day, and year) January 10, 1853. 7. AGE Years Month's Oays If LESS than 1 day,	I last saw hele elive on Aprice 2, 19,22; death is said to have occurred on the date stated above, at 1,25 Pm.
FO	IS A stated proper ertific	/7   d   d   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  Oate of onset
RESERVED	X—THIS nould be may be back of	8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work west done, es SILK MILL, SAW MILL, BANK, etc  10. Oate deceased last worked at this occupation (month and spent in this security is security in this security is security in this security in this security in this security is secur	General Arterioselesses 1928
	1 m 1 0	10. Oate deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  13. Total time (years) spent in this occupation.	Other Cuntributory Causes of importance:
MARGIN	UNFADING supplied. AGI n terms, so tha ee instructions	(State or country)	Deuch Tementia 1923
MA	sup sup in te	13. NAME Sycurgus Rulefo  14. BIRTHPLACE (city or town) Mary Care (State or country)	Name of operation Date of  What test confirmed diagnosis? Wes there an autopsy?
•	PLAINLY, WITH tould be carefully of DEATH in plainery important.	15. MAIOEN NAME Cleanara Neggs 16. BIRTHPLACE (city or town) Mary Land (State or country)  17. INFORMANT Passital Recards	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
	is is	(Address) Eybesville Md.  18 BURIAL, CREMATION, OR REMOVAL  (Michigan Control of Control	Menner of Injury
No. 1	B.—Wa	19. UNOERTAKER / Sell + Son Inc., (Addiess) Sykesnele mid.	24. Was disease or injury In any way related to occupation of deceased?  If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

maxion should be carefully supplied. AGE should be stated EXACTLY. PHYSICKANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. N. B.—WRITH PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE	OF MAR	RYLAND-	CERTIFICATE OF DEATH	3966
1. PLACE OF DEATH			(eg)	~ /
County Caurale			Registration, Dist. No.	74.
Village or City De	solle		Not pring feels stato Nas	Kelman
Length of residence in city or toyin	where death occurred		f death occurred in a hospital of institution, give its NAME instead of street and s. 20 ds. How long in U.S. if of foreign birth?	
2. FULL NAME fa		200		
	Pure	has a	Mad Name Name of the	Par
(a) Residence: No.	(Usual place	e of abode)	If nonrelident give city or town at	State .
PERSONAL AND STA	ISTICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4. COLOR OR RAC		RRIED, WIDOWED, ED write the word)	21. DATE OF DEATH Abuil (Day)	, 193_2(Year)
. If married, widowed, or divorced HUSBAND of			22. I HEREBY CERTIFY, That I ettende	
(or) WIFE of			July 25 1929 to Askel	19 9 2
DATE OF BIRTH (month, day, and year)	Makeroun	11851	I last saw her alive on March 31, 190	
AGE Years Mont		II LESS than	to have occurred on the date stated above, at 3 a m.	
81		1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular			9	Date of onset
kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc	". MAS	ul	Xabar menuania.	3-29-
kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date decessed last worked at this occuration (month and	_			
SAW MILL, BANK, etc  10. Date deceesed last worked at	11. Totel	time (years)	-	
this occupation (month and year)	Sp:	entin this cupation		
2. BIRTHPLACE (city or town) Ma	ruland		Other Contributory Causes of importance:	
(State or country)				
13. NAME Mulk	uann			
13. NAME MUKE  14. BIRTHPLACE (city or town)	Unkua	m	Name of operation Date of	
(State or country)			What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME Alu.	buson		23. If death wes due to external causes (VIOL ENCE) fill in also the following	ng:
16. BIRTHPLACE (city or town)	went	m	Accident, suicide, or homicide? Dete of Injury	, 19
(State or country)	- 0	-	Where did Injury occur? (Specify city or town, county and St	
INFORMANT Hackel	e lec	elds	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
(Address) Q PLE	ville n	W		~~~~~~~
Place Frederick	WI Date PH	12 1032	Manner of Injury	
9. UNDERTAKER C. E. Clin (Address) Free Line	~ 95m	, 13-12-	Nature of Injury 24. Wes disease or injury in any way related to occupetion of deceased?	
0. FILED Afue / ., 19. 3. 2	CHan	y Mee Registrar.	(Signed) Mary 14 Tels (Address) D. Resuella M.	
Ij	more blanks are needed,		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
- Caracana and Car				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	Registration Dist. No. 74
	No pringfula Wale Nospulac Ward
	death occurred in a hospital of institution, give its NAME, instead of street and number)
os.	ds. How long in U.S. if of foreign birth?
1	owell
e	e St. Hagerelann Marylens
	If nonresident give city or town and State
_	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
	(Month) (Day) (Year)
	22. , I HEREBY CERTIFY That I attended deceased from
	april 9 1902 to afreil 9, 1982
	I last saw h. C. alive on appeal P. 19.8.2; death Is said
	to have occurred on the date stated above, at 4, 4 2m.
S.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
-	were as follows:
	1
	Veneral arterioselessio 1922
	Other Coatributory Causes of importance;
	Revile Dementes 1922
	Nama of operation Date of
_	What test confirmed diagnosis? Was there en eutopsy?
	23. If death was due to external causas (VIDLENCE) fitl In also the following:
	Accidant, suicida, or homicide?
_	Where did Injury occur?
	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
4	Manner of injury
_	Nature of injury
	24. Was disease or Injury In eny way related to occupation of deceased?
	If so, specify
	(Signed) Thank M. / Cela M. D.
	(Address) Rykerull Ma
	24 V. Charles Street Relimore Property 71 S. No.

V. S. No.

19. UNDERTAKER (Addrass

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	2	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Corebral honorshape	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
les -				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroentcritis	1 year	
			112	

mation N. B.-WRIT

V.S. No. 1

MARGIN RESERVED FOR BINDING

1. PLACE		3.5			CERTIFICATE OF DEATH	3968
	Carro			(Colored	Branch) (25) Registration Dist. No. 74	
0		enryton.	Marvla	nđ	us (above)	Ward
				(If	death occurred in a hospital or institution, give its NAME instead of street and	number)
				yrsQmos	15 ds. How long in U.S. if of foreign birth?yrsm	05ds
		bert Ri				
(a) Resid	dence: No	so wells	(Usual place o		, Isarylawad If nonresident give city or town and	State
PERSO	ONAL AN	D STATISTI			MEDICAL CERTIFICATE OF DEATH	Diote
3. SEX Male		R OR RACE	5. SINGLE, MARR OR DIVORCED Single	(write the word)	21. DATE OF DEATH April., 5, 1932 (Month) (Day)	, 198
5e. If merried, wi HUSBAND of (or) WIFE o	of	orced			22. I HEREBY CERTIFY, That I ettended	
6. DATE OF BIRT		v and year) De	c.,3/,	1898.	Sept., 21, 1931 to April, 5, 1932,	19362 ; death is said
7. AGE	Years	Months 3	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 10.30 mP.M.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8 Trade no			1 4	l ormin.	were as follows:	Date of onset
NOTING SAWY	rofession, or pa of work done, YER, BOOKKEE	as SPINNER, PER, etc.	Laborer		Pulmonary Tuberculosis	
Industry	or business in wes done, es s	n which SILK MILL.		-		May,
UN 10, Dato dec	MILL, BANK, ceased last work occupation (mo	rked at		me (years) t in this		1931
12. BIRTHPLACE	(city or town)	Cambr Marvl	idge.	pation	Other Contributory Causes of Importence:	-
	,		Rideou	t		
HA 14. BIRTHPL	ACE (city or to				Name of operation Date of Whet test confirmed diagnosis? Was there an	_
15. MAIDEN	NAME	Cathe	rine Jac	ekson	23. If death wes due to external causes (VIOLENCE) fill in elso the followin	Acres Brazille
16. BIRTHPLACE (city or town)  (State or country) Maryland					Accident, suicide, or homicide?	
17. INFORMANT John E. O'Neill, M. D.  (Address) Henryton, Md.					(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.
18. BURIAL, CREI	MATION, OR F	The second second	Date 4/16	1992	Manner of injury	
19. UNDERTAKER (Address)		Kort (	Weigh	20	24. Wes disease or Injury in any way related to occupation of deceased?	no.
20. FILED 4/5	/32	19. Mohus	16.0	neice.	(Signed) Thus G O'Re	ice M. C

Hausotow Und. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) .....

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance;		Other contributory causes of immentance.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			pr 4 0
			do 1 1

that it may be properly classified. Exact ACE Information should be carefully supplied. A state CAUSE OF DEATH In plain terms so

MARGIN RESERVED FOR

V. S. No. 1

Z.

to stated EXACTLY, PHYSI- be properly classified. Exact ok of certificate.	Vil	PERSONAL AND STATISTICAL PARTICULARS  SEX  4 COLOR OR RACE  MARRIED, WIDOWED, OR DIVORCED  OR DIVORCED
should it may on ba	6 (	DATE OF BIRTH  Suly - 23 =, 1867  (Month) (Day) (Yest)
ully supplied. ACE applain terms so that nt. See instructions		GE   If LESS than   I day hrs.   ds.   or min.?
In rta	( p	by Cocupation  a) Trade, profession or all home, all articular kind of work articular kind of work articular kind of work articular kind of work articular kind of which employed or (employer)
be ca EATH Impo	9 6	(State or country) free! les. mary land,
f Information should a state CAUSE OF DI OCCUPATION is very	PARENTS	10 NAME OF FATHER Daniel a. Folb,  11 BIRTHPLACE OF FATHER (State or country) Manyland-  12 MAIDEN NAME OF MOTHER Many V. Cromosell,  13 BIRTHPLACE OF MOTHER (State or country) Manyland,
ANS. Short	14	(Informant) It illiance Peniby,  (Address) Mt. any, Ind.
Sto Sto	15	116 an 22 1 1 1/16 and 1

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

	St.: Ward  a hospital or institution, give its NAME instead of street and number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 JI HEREBY CERTIFY, That I attended the deceased from
July = 23 =, 1867 (Month) (Day) (Year)	that I last saw her alive on april 29 , 1932,
If LESS than	and that death occurred on the date stated above, at 9.45 G'm.
I day hrs.	The CAUSE OF DEATH * was as follows:
4 yrs. 9 mos. 6 ds. or min.?	
ession or at home,	Chr. Introtitis Methritis
are of industry blishment in	
or (employer)	(Duration) 3 yrs. mos. de.
Fred. les. maryland.	Contributory Secondary  Secondary  (Furstion)
Dannel a. Kolb,	(Signed) Stanty Tralif M. D. 4/29/3207 (Address) Mrain, M. D.
ountry) Manyland -	*State the Disease Causing Death, or, in Violent Causes, state (1) Means of injury and Whether Accidental, Suicidal or Homicidal.
mary V. Cromoell.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
maryland.	At place In the of deathyrsmosds. Stateyrsmosds.
TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of des.h?
William Penibar,	Former or usual residence
o) mt. any, md.	Dine Grove Centy, may-1 1/182,
30 19232 A Degled Registrar	6. M. Waltz, Wrigheld, mid.
If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Nanager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of ocwhatever, write None. business. that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, er," etc., nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs . Farm laborer, (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (6) Automobile factory. The material Laborer--Coul mine, etc. person, irrespective of (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphilieria (avoid use of "Croup"); Typhoid fener (never report "Typhoid Pneumonia,");

> (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Mcasles telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) Examples: Aecidental drowning; Struck by railway traintaken. "Exhaustion, "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; 'Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Committee on Chronic etc. The contributory valvular heart Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Ceusus and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, ployed, as At achool or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Mauager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) E 'ditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative healthwhatever, write None. tired 6 yes.). business, that fact may be indicated thus! Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persous enwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary fremen, etc. But in many Housemuid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation Coal mine, etc. Wom-

Ease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia.")

Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

Nomeuclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and consequenees (e. g., sepsis, totanus) may be stated under the train-accident; Revolver wound of head-homicide; symptomatie), "Atrophy," "Collapse," eonditions, ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; mges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menhead of Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or State eause for which surgical operation was under-"PUERPERAL septicacmia." "PUERPERAL peritonitis," etc. diseases resulting from childbirth or misearriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanitiou," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustiou," "Heart failure." "Haemor-Chronic interstitial nephritis, etc. ...... (name origin; "Cancer" is less definite; avoid vulsious," (seeondary or intercurrent) affection need Whooping cough; FOR VIOLENT DEATHS STATE MICANS OF INJURY "eontributory." "Debility" ("Congenital," "Senile," etc.), such as "Asthenia." Chronic valvular (Recommendations on state-Example: Measles "Anaemia" The contributory heart "Соша," "Conby railway (disease (second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—WRIT V. S. No. 1

MARGIN RESERVED FOR BINDING

## STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1,	60	my	1	
U	3	J	6	ł	

1	L PLACE O	F DEA	rh Md.	Tubero	ulosis S	anatorium,	
1	County C	arro	11	_	red Bran	1 23	
1	Village or C	ity He	aryton.	( )		No. (above)	Ward
7					(If	death occurred in a hospital or institution, give its NAME instead of street and	number)
	Length of resi					2ds. How long In U.S. if of foreign birth?yrs	osds.
1	2. FULL NA	ME	Charles	Lewis F		Chimore Wes	
	(a) Residen	ce: No	733 W. 1		st.	St., Ward.	
-	DEDGON			(Usual place		If nonresident give city or town and	State
-				CAL PARTI		MEDICAL CERTIFICATE OF DEATH	
	ale		R OR RACE		RIED. WIDOWED, (write the word)	21. DATE OF DEATH April 3, 1932.  (Month) (Day)	., 199 (Year)
5a.	If married, widow HUSBANO of	ed, or divo					
	(or) WIFE of		Ethel	Roberts	5	Apr. I, 1932 19 tApr. 3, 195	deceased from
6.	DATE OF BIRTH	(month, da)	, and year) A	ug 25, 1	888.	I last saw h im aliva on Apr. 3, 1932 19	; daath is said
7.	AGE Yea		Months	Days	If LESS than	to have occurred on the date stated above, at 2PM m.	
	4	3	7	8	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
Z	8. Trade, profe	ssion, or pa	erticular as SPINNER,	Laborer			Ostanionsat
TIC	SAWYER	BOOKKEE	PER, etc	Dabolor			24
OCCUPATION	9. Industry or work was SAW MIL	dona, as S L, BANK, e	SILK MILL,			Pulmonary Tuberculosis	Sept.
00		pation (mo	nth and	11. Total ti span	me (years)		1001
-	yaar)				pation	Other Contributory Causes of importance:	
12.	BIRTHPLACE (ci		Ba.	ltimore			
-	(State or cour	ntry)	77.7.1	Md.			
HER	13. NAME		Elias .	Roberts	)		* *****
FATHER	14. BIRTHPLACE	(city or to	wn) Bal	timore,		Name of operation Oate of	0
-	(Stata or	country)		Md.		What test confirmed diagnosis?	ulopsy?
HER	15. MAIDEN NA	ME	Mary 1	McNeill		23. If death was dua to external causes (VIOLENCE) fill in also the following	· no
MOTHER	16. BIRTHPLACE		wn)	Md.		Accident, suicide, or homicide? Date of injury	, 19
_	(Stata or	country)				Where did injury occur?(Specify city or town, county and Sta	(e)
17. INFORMANT John E. O'Neill, (Address) Henryton, Md.						Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ACE.
18.	BURIAL, CREMAT	ION, OR R	EMOVAL	4/6	- 40	Manner of injury	
~~~	Place	ca	reg	Oate	, 19, 32	Natura of injury	
19.	UNOERTAKER (Address)	Mrs	RIA	Ele A		24. Was disease or Injury In any way related to occupation of deceased?	No
0.0	FILEO 4/3/	32.	a Jo	hn E. O	'Neill.	(Signed) Ahw 607	lecce M. D.
20.	FILEUTJ.	, 1	Der		Registrar.	(Address) Henryton, Md.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

OCCUPA-

Jo

Exact statement

CAUSE OF DEATH in plain terms, so that it may be properly classified.

hrefully supplied. AGE should be

B.—WRITE PLA mation should

ż

STATE OF MARYLAND—CERTIFICATE OF I	DEATH	0397
------------------------------------	-------	------

1. PLACE OF DEATH		(87-2)
County Carroll	Pavaga 4444-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Registration Dist. No. 74
Village or City Lykesville	le	No. Shrun gfill of Stali Hospital St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	(ii	f death occurred in a hoselist or institution, give its NAME instead of street and number)  5. ds. How long in U.S. if of foreign birth?
0	. 11	
2. FULL NAME George	Tavalancianananananananananananananananananan	P.11.11 C. m.
(a) Residence: No. Parrol	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX   4. COLOR OR RACE  Male   Hhite	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH april 42 1932 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Whythour	<u> </u>	22. HEREBY CERTIFY. That I attended deceased from march 30 1932, to april 47, 1932
6. DATE OF BIRTH (month, day, and year)	narch 8th 1876	I last saw hum alive on april 421, 1932; death is said
7. AGE Years Months	Days   If LESS than	to have occurred on the date stated above, at 2.05-P. m.
56	2-7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8 Trade, profession, or perticular	- 0	Date or onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Laborer	Chromic Progressive Chorea 1917.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Farm	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		-
this occupation (month and 190		14.
IZ. BIRTHPLACE (city or town) Luhunu		Other Contributory Causes of importance:
(State or country)	noce Co. md.	
13. NAME Januel Tha	ner	
14. BIRTHPLACE (city or town) Lunha		Name of operation. Two To Date of
(State or country)	u Co. md.	Whet test confirmed diagnosis? Was there an autopsy? No
15. MAIDEN NAME Catherine	Lichard	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Catherine 1  16. BIRTHPLACE (city or town) high	Brw	Accident, suicide, or homicide?
(State or country)	el Co-md	Where did injury occur?
17. INFORMANT Aungfield State (Address)	Hospital ( Recorde)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL PIECE LIMING MOULE	X Date 4-6 ,1932	Manner of injury
19. UNDERTAKER & Swarel	aptin and	24. Was disease or injury In any way related to occupation of deceased?
20. FILED CEFU 4, 193 4 CE	Harry Mes.	(Signed) folin h. Morris. M.D. (Address) S.S. N/ Lyklsville, Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V.S.		Her Her	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TINDENANCHIZED	OF TROP	TOTE	T CACALITA	O T LI T TITLE TO THE	37 4	T TE S DI CITALI

If more blanks are needed, address Stale Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURGAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

or-	ate	-W	
f inf	d st	CUF	
o ma	houl	00	
y it	SIS	it of	
Ever	CIA	emer	
RD.	TS.	stat	
9	PH	Kact	
F	, Y.	鱼	
NEN	CLI	ified.	
MA	XA	lass	
PEF	E	rly	ate.
V S	tated	rope	rtific
S	00	Ω.	Ce
	be	be	of
-THI	uld be	nay be	ack of
INK-THI	should be	it may be	on back of
NG INK-THI	AGE should be	that it may be	ions on back of
ADING INK-THI	ed. AGE should be	s, so that it may be	ructions on back of
UNFADING INK-THI	ipplied. AGE should be	terms, so that it may be	instructions on back of
TH UNFADING INK-THI	ly supplied. AGE should be	lain terms, so that it may be	See instructions on back of
WITH UNFADING INK-THI	refully supplied. AGE should be	in plain terms, so that it may be	ant. See instructions on back of
ILY, WITH UNFADING INK-THI	e carefully supplied. AGE should be	ATH in plain terms, so that it may be	portant. See instructions on back of
MNLY, WITH UNFADING INK-THI	ld be carefully supplied. AGE should be	DEATH in plain terms, so that it may be	y important. See instructions on back of
E PLANLY, WITH UNFADING INK-THI	should be carefully supplied. AGE should be	OF DEATH in plain terms, so that it may be	s very important. See instructions on back of
-WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MAL

RYLAI	ND—CERTIFICATE OF DEATH	(139)
haplar	Muharoulogia canatorium	

1	. PLACE OF	F DEA	TH C	Mai	rvland Tul	erculosis Sana	atorium	n U	3311
		arro		1,100	_	d Branch 20		No. 74	
	oounty	Uor	ryton,	Md.	00202		Registration Dist	. ND	
121	Village or Ci	ity				ND. If death, occurred in a horpital or inst	titution, give its NAMF ins	ead of street and I	Ward
	Langth of resid	dence in c	ty or town whara	daath occurred.	yrs. U mo	s. 13 ds. How long in U.S. i	if of foreign birth?	yrsm	osds.
1	. FULL NAM	ME	<i>irginia</i>	a Eliza	abeth Simm	IS			
	(a) Resident	ce: No.	Cllicott	City	, Howard (	O. St., Md. Ward.			
-	(4)				ace of abode)		If nonresident give	city or town and	State
_			D STATIST	1			CERTIFICATE O	F DEATH	
	SEX		R OR RACE		IARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH	pril 28, 19	332	
_	emale		Lored	Sing.	re		(Month)	(Day)	(Year)
5e.	If merriad, widows	ad, or dive	rcad			22. JHEREB	SY CERTIFY	That . Lattended	deceased from
_	(or) WIFE of					4/15/32	19 to 4/2		19
6.	DATE OF BIRTH	month, da	v. and year) De	ec., 9	, 1911	I last saw her aliva on	April 28,	1932	.: daath is said
-	AGÈ Yeer		Months	Oays	If LESS than	to have occurred on the date st	ated ebove, at 3.25	AM	
	2	0.5	4	19	1 day,hrs	The PRINCIPAL CAUSE OF DE were as follows:	ATH end related causes of	importanca	
7	8. Trada, profes	sion, or p	erticular	) da	A.	Pulmonary Tu	uberculosis	3	Oate of onset
LIO	SAWYER,	BOOKKE	PER, etc.						Feb
IPA	9. Industry or 1 work was	businass ii dona, as	which SILK MILL, HOU	seworl	•				1932
OCCUPATION	10. Data dacaasa				al time (yaars)				
ŏ,	this occup	oation (mo			spant in this	***************************************			
			Pllicot			Othar Contributory Causes of in	mportanca:		
12.	BIRTHPLACE (city	y or town) itry)	Mai	yland	у_2				
R	13. NAME Wi	llia	am Simms	5.					
FATHER			Frode	erick,		None of annualis		B.4. 4	
FA	14. BIRTHPLACE (Stata or			rylan	đ.	Nama of oparation		Date of	wienew Un
ER	15. MAIDEN NAM	ME MY	rtle Wi	lliam	s,	23. If death was due to axternal			
MOTHER	16. BIRTHPLACE	Coity or to	Elli	cott	City, Md.	Accident, suicida, or homicide?.			
W	(Stata or		wii)			Whare did injury occur?		o, o	, 10
17. INFORMANT John E. O'Neill, M. D.		Specify whether injury occurred	(Specify city or town in INDUSTRY, in HOME,	or in PUBLIC PL	e) AGE.				
17.	(Address)		lenrytor						
18.	BURIAL, CREMATI	ION, OR F	REMOVAL	. 1	1:12	Manner of injury			
	Placa U.	100	us cen	C_Oate	Tosa 00, 19.3	Natura of Injury			
19.	UNDERTAKER~	Ca	stone	and .		24. Was disaase or injury in any	way ralated to occupation	of deceased?	110.
	(Addrass)	-	ellies	X/ la	Z mal	If so, specify	Q/E	) mi	- t
20	FILE04/28/	32	19	hu (3	Ollin:	(Signad)	Mrw Q	Mei	CC M. D.
			Denuty	LIOCA	Registrar.	(Address)	1 NE	castar	y was

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	*	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		,	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

of OCCUPA-

Exact statement

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

PHYSICIANS should state PEAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING mation should be carefully supplied.

-WRITE V. S. No. 1

## STATE OF MARYLAND-CERTIFICATE OF DEATH

1	8	1.	100	Dist.	
1 6	1	u	1	2 1	
0	()	J	-8	9 /	
0	1	0	4	-	

1. PLACE O	F DEATH						
County	CARROLL			Registration Dist. No. 74			
Village or C	city Eldersh	urg		NoSt.,	_Ward		
	idenca In city or town whare	death occurred		f death occurred in a hospital or institution, give its NAME instead of street and numbeds. How long in U.S. If of foreign birth?yrsmos			
	anona-			in the state of th			
2. FULL NA							
(a) Residen	ce: No. Elders	(Usual place	of abode)	St., Ward.  If nonresident give city or town and State			
	IAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	-		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.			RIED, WIDOWED.	21. DATE OF DEATH			
Male	White	Unknow	D (write the word)	April 2, (Day) (Month) (Day) (	Year)		
5a. If married, widow HUSBAND of	ved, or divercad						
(or) WIFE of				22. I HEREBY CERTIFY, That I attended deceated the second			
e DATE OF BIRTH	(month, day, and year)	In lan a man		I last saw h alive on 19 deat			
7. AGE Yas	1	Jnknown Days	If LESS than	to hava occurred on tha data statad abova, atm.	11 13 3010		
About 65			1 day,hrs.	ware as follows:			
About 65 8. Trada, profe	ssion, or particular		1 01	Loss of blood	ofonset		
kind of v SAWYER 9. Industry or work wa SAW MII	work dona, as SPINNER, , BDOKKEEPER, atc	Day Labo	rer				
9. Industry or work wa	business In which s dona, as SILK MILL, LL, BANK, atc	Do w		,			
Data dacaas	LL, BANK, atc ed last worked at	Fa.rm	ima (years)				
	pation (month and	spa	nt in this upation				
to DIRTURE LOT (a)				Other Coutributory Causes of Importance: Trampled by horses			
12. BIRTHPLACE (cl (Stata or cou		land		- IIIampica by horses			
出 13. NAME	Unknown						
13. NAME	E (city or town)			Name of operation Data of			
(State or	r country) Un]	known		What test confirmed diagnosis? Was thara an autops			
15. MAIDEN NA	ME Unknown			23. If death was dua to axternal causes (VIDLENCE) fill in also the following:	29		
6 16. BIRTHPLACE	(city or town) Un	known		Accident, suicide, or homicide? Accident bate of injury April,			
≥   (Stata or	r country)			Where did Injury occur? Eldersburg, Carroll Co	)		
	keman Beva			Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.			
(Address) Eldersburg, Md.				On a farm			
Burial, Cremation or REMOVAL  Blage Trubuster Mid: Date Chrs. 7, 1832			w. 7.132	Manner of Injury Stomach punctured, leg Natura of Injury broken, and hip crushed			
19. UNDERTAKER	Theer to	Con S	due.	24. Was disaasa or injury in any way related to occupation of dacaasad?			
(Addrass)	Sykess	rlle i	md.	If so, spacify			
20. FILED Stee	2 1932 CA	Harry	Veer	(Signed) Signed	m. D.		
			Registrar.	(Address) Westminster, Md.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	l.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	5 Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis AAY	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BURSIAU V. 3.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	10103	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

E

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEAT County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) 02 Length of residence in city or How long in U.S. If of foreign birth? PHYSICIAN 2. FULL NAME RECORD. (a) Residence: No. Ward. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR SINGLE, MARRIED, WIDOWEDS 21. DATE OF DEATH DIVORCED (write the word) (Month) (Oay) (Year) classified 5a. If merried, widowad, or divorced HUSBANO of ERTIFY. That I attended deceased from 6. DATE OF BIRTH (month, day, end year) certificate properly 7, AGE Years Months Days If LESS than to have occurred on the deta stated above, at 1 day ..... hrs. or .... min. were as follows Oate of onset 8. Frade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... of plnods may Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1932 10. Date deceased last worked at 11. Total time (yaers)
spant in this this occupation (month and that occupation. vear) \_\_\_\_\_ instructions 12. BIRTHPLACE (city or town) (State or country) terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) ain (State or country) Was there an autopsy? "D What test confirmed diagnosis? in pla HER important. 15. MAIDEN NAME MOT Accident, suicida, or homicida? OF DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. (Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT plnods (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE CAUSE mation LION Natura of injury 24. Was disaase or injury 19. UNOERTAKER (Address) If so, spacify (Signad) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example H	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAY	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNZAU Y.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER S	STATEMENTS	BY	PHYSICIAN
----------------------	-----------	------------	----	-----------

PHYSICIANS should state Exact statement of OCCUPA-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEATH

63977

1. PLACE OF DEATH	93-6
County Courcel	Registration Dist. No. 79
Village or City   Clubrille	No. St Warr
1	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence In city or taken where death occurredyrsm	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Clarence Gordon	Monesifle
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX A COLOR OF PACE   E SINCIE MARRIED WINDWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
_ M W marvied	(Month) (Day) (Year)
5a. If married, widowed as divorced HUSBAND of O O.L . A	
(or) These marcy Tum Stresufer	22. I HEREBY CERTIFY. That I attended decaased from  19.32, to 4 - / - 19.32
6. DATE OF BIRTH (month, day, and year)	
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, et. / A.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance
8. Trade, profassion, or particular	Were as follows:
kind of work done, as SPINNER, Roture L SAWYER, BOOKKEEPER, etc.  undustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceasad last worked at this occuration (month and	Cloud In the
Industry or business in which	The pulls
work was dona, es SILK MILL, SAW MILL, BANK, etc.	
10. Date daceasad last workad at this occupation (month and spant in this	
year) occupation	Other Countries Countries Countries
12. BIRTHPLACE (city or town)	Other Cautributary Causes of importance:
(State or country)	- Myocardial Negentral
13. NAME K. Clyred Stonesifer	The state of the s
13. NAME V. Correct Stonlarfile 14. BIRTHPLACE (city or town)	Name of operation Oate of
(State or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Clara & Srock  16. BIRTHPLACE (city or town)	23. If daath was due to axtarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide? Date of Injury 19
(State or country)	Where did injury occur?
17. INFORMANT INO C. Larlow Stonesiler.	(Specify city or town, county and State) Spacify whathar injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Janeston mat	- The state of the
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa way le operation 4, 1932	Nature of injury
19. UNOERTAKER	24. Was disaase or Injury In any wey related to occupation of deceasad?
(Addrass) Danlytun, The	If so, specify
20, FILED aby 2, 1932 Mas. Phys Diller	(Signad) 1 H Lead M.D
20. FILED CAST S	(Address) Allegan Bo Ten
	The state of the s

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Barren			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

PHYSICIANS should state

stated EXACTLY.

AGE should be

certificate.

SPATH in plain terms, so that it may be

carefully supplied.

See instructions on back of

TION is very important.

mation shoul

Exact statement of OCCUPA.

-WRITE PK

B

STATE OF MARYLAND—	CERTIFICATE OF DEATH (3978	
1. PLACE OF DEATH	(a)	
County Carroll -	Registration Dist. No. 74	
	No. Syring ula State Argutal St., Ward death occurred in a hoppital or institution, give its NAME instead of street and number)	t
Length of residence in city or town where death occurredyrs3mos.	death occurred in a horbital or institution, give its NAIVIE instead of street and number)	
2. FULL NAME George G. Taylor	1 d 1100 1000 1000 1000 1000	
Belleville	Backen 2x1	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	p.
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Address of	21. DATE OF DEATH april 62, 193. 2. (Year)	
5a. If married, widowed, or divorced HUSBAND of	, , , , , , , , , , , , , , , , , , , ,	_:
(or) WIFE of addi Rudolph	January 6 1932 to april 6 - 1932	
6. DATE OF BIRTH (month, day, end year) July 10 4 1864		
6. DATE OF BIRTH (month, day, end year) Muy / 0 / 8 6 7  7. AGE Years Months Days If LESS than	Y last saw h.m. alive on while to have occurred on the date stated above, et. 7x 30 m. m.	1
6 7 8 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
2 01111116	were as follows:	
8. Trede, profession, or perticular kind of work done, as SPINNER, atterer SAWYER, BDDKKEPER, etc.	Cerebral arteriosclerosis march	
9 Industry or husiness In which	/930	ŧ.
SAW MILL BANK etc.	4	
O To Date deceased last worked at June this occupation (month and 1930 spent in this occupation occupation		
12. BIRTHPLACE (city or town) Baltimore	Dther Contributory Causes of Importance:	
(State or country) The	Chronic Interstitual Nephritis march	-
13. NAME Edward & Taylor	1930	
13. NAME (edward & Taylor  14. BIRTHPLACE (city or town) While own	Name of operation None Dete of	-
(State or country) Md.	What test confirmed diagnosis? The was there an aulopsy? No-	
15. MAIDEN NAME am atchison	23. If death was due to external causes (VIOLENCE) fill in also the following:	-
15. MAIDEN NAME Ann atchison  16. BIRTHPLACE (city or town) Unknown	Accident, sulcide, or homicide? Date of Injury, 19	
- (State of Country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Phonospeed state Hospital (Records (Address) Sykesolle, Ma	Specify whether Injury occurred In INDUSTRY, in HDME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, DR. BEMDYAL	Manner of Injury	
Arboura Ridge Date UM 7, 19.31	Nature of injury	
19. UNDERTAKER Stewarf & Morver Co (Address) Saltwore with,	24. Was disease or injury In any way related to occupation of deceased? Not	-
20. FILED Copy 6:, 1932 Charing Miles Registrat.	(Signed) y W M. Morrie M. D. (Artiress) (0.0. 14.) Sy preville ma	),

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RV	PHYSICIAN
TINDITIONAL	DI ALCE	LOW	PURLIER	STUTIMITHE	DI	PRISICIAN

N. B.-WRITE PLAINLY,

very important.

1. PLACE OF DEATH	
County Carroll	Registration Dist. No.
Village or City) ear Westminster mo	No. St., Ward
Length of residence in city or town where death occurred 3 yrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)  mosds. How long in U.S. If of foreign birth?mosds,
2. FULL NAME Daniel Tred	1001
000 mg/ 100 pt - File. of a Will Will Will on a stage and a stage of a stage of the	St Ward.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed or divorced HUSBAND of Grave (or) WIFE of	22. 1 HEREBY CERTIFY, That I atlended deceased from
DATE OF BIRTH (month, day, and year) 1844 714 19	I last sawh alive on Oful 13 - 1932 death is said
. AGE Years Months Days If LESS than	The state of the date state above, and the state of the s
88 1 25 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trade, profession, or parlicular kind of work done, as SPINNER short maken	anaemia - aprigo
kind of work done, as SPINNER SAWYER, BOOKKEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	Thundren some con 1929
10. Date deceased last worked at this occupation (month and year) 11. Total lime (years) 3 - 0 spent in this occupation	
2. BIRTHPLACE (city or town) (Stale er country)  Nova Scotia	Other Contributory Causes of importance:  Wesservhage from Causes Guls:
13. NAME John Jeed	/
13. NAME John July  14. BIRTHPLACE (city or town)  (State or country)  Mara Scotia	Name of operation.  What test confirmed diagnosis? Visual Soare Was there an autopsy?
15. MAIDEN NAME Martha Ralph	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Marther Ralph  16. BIRTHPLACE (city or town) 7  (State or country) Ana Scotia	Accident, suicide, or homicide?
7. INFORMANT Mach Sile (Address) Westminster Ind	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, OREMATION, OR REMOVAL Place Steeling No. 16	Manner of Injury Nature of Injury
O UNDERTAKER A Bankardkow (Address) Wystminstor md.	24. Was disease or Injury fn any way related to occupation of deceased?
0. FILED 4/14 1932 Activo Reona	(Signed) Chap R. Freeto M. D.
Registrar.	(Address) Nestagnetter ned

who had no occupation whatever write none. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

To be complete, an occupation return must state:

should be called a salesman and not a clerk.

9.-The industry or business in which the work was done, 8.-The trade, profession, or particular kind of work done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

State In stating the industry or dusiness, avoid the use of such general terms as "store," "factory," "mill," etc. out the particular kind of work done and return that, as spinner, weaver, etc. In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

machinist, etc. Distinguish carefully detween retail merchants and wholesale merchants. A person who sells goods of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, me-

of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death,-Cause of death means the disease, injury, or complication which causes death, not the

Tueur I Gastroenteritis 8261, I yold Gallstones Other contributory causes of importance: Other contributory causes of importance: obn shipp g LEGI'ghing Cerebral hemorrhage Perilonilis I week ago 1261 Run over bis street car Chronic interstitial nephritis obn yeem I Allack of epilepsy gI6IArteriosclerosis of importance were as follows: of importance were as follows: The principal cause of death and related causes | Date of onset The principal cause of death and related causes | Date of onset Example II Example 1

1		-	1	
(	6	1		
1	-	100	/	

mation'should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of QCCUPA-PEXINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.-WRITE

MARGIN RESERVED FOR BINDING

V. S. No. 1

CTATE	OF	MADW	ANID	CEDT	ICICATE	OF	DEATI
STATE	OF	MARYI	-AND-	-ĆEKI	IFICATE	OF	DEATH

LAND—CERTIFICATE OF DEATH	1:395
Tuberculosis Sanatorium	0000

1.	PLACE OF DEAT	гн М	aryland		ulosis Sanatorium	1300
	County Carro	11		Colored	Branch 23 Registration Dist. No. 74	
	Village or City H	enryton,	Maryla	ind	No. (above)	Ward
				, (1	If death occurred in a hospital or institution, give its NAME instead of street and n  s	umber)
-					Olyon	us-
2.	(a) Residence: No.					
	(a) Residence: No	orar borne	(Usual place of	f abode)	St., Ward.  If nonresident give city or town and the state of the stat	State
	PERSONAL AN	D STATISTIC	AL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. S	EX 4. COLO	R OR RACE 5	SINGLE, MARK	(write the word)	21. DATE OF DEATH	
-		lored	Marri		April, 3, 1932 (Month) (Dey)	(Yeer)
ba. I	If merried, widowed, or divol HUSBAND of (or) WIFE of Dal				22. I HEREBY CERTIFY, Thet I ettended d	eceased from
	(d) WIFE OF ROI	bert V.	Lilghma	.n	Feb., 24, 1932,19 ,10 Apr., 3, 19	932
6. D	ATE OF BIRTH (month, dey	, end yeer) Apj	ril, 9,	1887	! lest sew h. er elive on Apr., 3, 1932, 19	death is seld
7. A	GE Yeers	Months	Deys	If LESS then	to heve occurred on the dete steted above, at 10.50m. P.M.	
	44	11	24	1 day,hrs.	were es follows:	Date of onset
NO	8. Trade, profession, or pe	es SPINNER.	Housew	ife	Pulmonary Tuberculosi	5
OCCUPATION	SAWYER, BOOKKEE  9. Industry or business in	which	1100000	***************************************		Doo
3	work wes done, es S SAW MILL, BANK, e	etc				Dec.,
8	<ol> <li>Date deceesed lest wor this occupetion (more</li> </ol>	ked at nth end	11. Totel tii	ne (years) t in this		- 4-7-V-4-
	yeer)			pation	Other Contributory Causes of importence:	
12.	BIRTHPLACE (city or town). (State or country)	Belair	, Maryl	and.		P * * * * * * * * * * * * * * * * * * *
TER.	13. NAME	Unkno	own			
FATHER	14. BIRTHPLACE (city or to	wn)			Name of operation Dete of	
-	(Stete or country)				Whet test confirmed diegnosis?	opsy? The
MOTHER	15. MAIDEN NAME	Unkno	own		23. If deeth wes due to externel ceuses (VIOL ENCE) fill in also the following:	
5	16. BIRTHPLACE (city or to	wn)			Accident, sulcide, or homicide? Date of injury	, 19
1	(Stete or country)				Where did injury occur? (Specify city or town, county and State	)
	NFORMANT John I (Address) Henry	ton, Mary		D.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLA	CE.
18. E	BURIAL, CREMATION, OR R	7.1	410	73	Menner of injury	
	Plece Castr	170	Dete_/	, 19.3.2	Neture of injury	
19. (	INDERTAKER (Y. 85	Mayels	ngs.		24. Was disease or injury in eny wey releted to occupetion of deceesed?	le
	(Address)	ensloro,	ma	Din :	If so, specify	
20. F	FILED 4/3/32 ,1	9 The	LOCA I	Recistrar.	(Signed) Francis (Address) Hauston	Tech

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows;	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURGAUY				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

193. 2

(Year) -

Date of onset

(Day)

4	any/	reer	(Signad)	1 /2
		Registrar.	(Address)	4 Resur
If more l	lanks are needed, ad	dress State Registrar, 24	II N. Charles Street, Baltimor	e, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

N. B.

STATE OF MARYLAND—C	CERTIFICATE OF DEATH 03982
1. PLACE OF DEATH	10
County Courall	Registration Dist. No. 75
Village or City Lineboso	No
	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Plice E. In	aey.
(a) Residence: No.	St., Ward.  If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Temale White Widowed	(Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Willis 7 Iracy	" april 2 1932, to apr 3 , 1922
DATE OF BIRTH (month, day, and year) Oct. 15- 1854	I last saw h alive on QQ 3, 1937; death Is said
AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm.
72 3 18 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, House Work SAWYER, BDOKKEEPER, etc.	Grettal himorrhage 4/3/36
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) 11, Total time (years) spent in this occupation occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country) Pgma	
13. NAME Conanelus Weng	
(State or country)	Name of operation
15. MAIDEN NAME Carline Backman	What test confirmed diagnosis?
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Linebaro Md	
18. BURIAL, CREMATION, DR REMOVAL Place Anseloso md Date Gill 6, 1932	Manner of injury
19. UNDERTAKER Jacol Winks Sans,	24. Was disease or injury in any way related to occupation of deceased?
(Address) manchester ma	If so, specify WR Reference M. D.
20. FILED april 5 , 1932 Mrs. A. R. S. Deure Registrar.	(Signed) M. D.  (Address) Marchesta Mul.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	es Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURRAU V.S.	1. 1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			5"	

M

V. S. No. 1

S	TATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	682
1. PLACE OF DEAT	TH			(23)	200
County Carr	oll	IM.	aryland T	ruberculosis Sanatorium Registration Dist. No. 74	
Village or CityH	enryton		Colo	ored Branch St	Ward
Length of residence In ci	ty or town where d	leath occurred	O_yrs_2mos	f death occurred in a hospital or institution, give its NAME, instead of street and s	number)
2. FULL NAME	Basil M	onroe T	yler		
(a) Residence: No	2448 Et			• , std • Ward.	
		(Usual place		ff nonresident give city or town ar	d State
PERSONAL AN		1		MEDICAL CERTIFICATE OF DEATH	
Male  4. Color or RACE OR DIVORCED (price the word) Married				21. DATE OF DEATH April 15, 1932  (Month) (Day)	, 198 (Year)
5a. If merried, widowed, or divor HUSBAND of (or) WIFE of MT	s. Sara	h Tyler		22. 2/8/32 HEREBY CERTIFY, That Lattender 19 to 19/15/32	d deceesed from
6. DATE OF BIRTH (month, dey, and yeer) Nov., 8, 1895				last sew h im elive on April 15, 1932	, 19 : death is seld
7. AGE Years	Months	Days	If LESS then	to heve occurred on the dete steted above, at 6 . 10 mp . M .	
36	5	7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:	
O Trade profession or entire to				Pulmonary Tuberculosis	Date of onset
OF THE SAWYER, BOOKKEE  9. Industry or business in work was done, as SAW MILL, BANK, 100.  10. Date deceased lest woo	which			·	Dec.,
SAW MILL, BANK,	etc				1931
10. Date deceased lest wor this occupetion (mo yeer)	nth end	sp:	time (years) int in this upetion		
12. BfRTHPLACE (city or town) (Stete or country)	Pikesv	ille, M	aryland.	Other Contributory Causes of importence:	
I 13. NAME Basil	Tyler				
13. NAME Basil 14. BIRTHPLACE (city or to	own) Pimli	co, Md.		Neme of operation Dete of	7/-
	lice Mo	nroe		What test confirmed diegnosis? Wes there en	
16. BIRTHPLACE (city or to			•	23. If death was due to externel ceuses (VIOL ENCE) fill in elso the following Accident, suicide, or homicide? Date of Injury Where did injury occur?	
(Address)	E. O'N	n. Md.	. D.	(Specify city or town, county and Si Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ale) LACE.
18. BURIAL, CREMATION OR P	emoval Panda	Dete H	19 ,1932,	Menner of Injury	
19. UNDERTAKER MASS (Address) He 3/1	Jes H.	Holla	nd	24. Was diseese or injury in any way related to occupetion of deceased?  If so, specify	Wo.
20. FILED 4/15/32		TV Loca	Maile 1 Registrar.	(Signed) Alker Daniel (Address) Aresaysa	elli M.D.
				2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis AAA 4 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURGAU V. B.		b		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	

stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-FOR BINDING See instructions on back of certificate MARGIN RESERVED mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important.

B.—WRITE

ż

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	al.
1. PLACE OF DEATH		(68)	4
County learner		Registration Dist. No. 75	
Village or City Near Ma	inchester	No. St., death occurred in a hospital or institution, give its NAME instead of street and numl	Ward
Length of rasidence in city or town where deeth			
2. FULL NAME Willis	am Wa	lsh	
(a) Residence: No.		St. Ward.	
	(Usual place of abode)	If nonresident give city or town and Stat	е
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
male White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)	(Yeer)
5e. If marriad, wildowed, or divorced HUSBANO of (or) WIFE of	righing	22. I HEREBY CERTIFY. That I attended deca	ased from
6. DATE OF BIRTH (month, day, end year) ayu	1441867	I lest sew ham alive on Africk 4 1932 de	eath is said
7. AGE Years Months	Days If LESS than	to have occurred on the date steted above, at 10 A.m.	
65 -	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were es follows:	ete of onset
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	2424	Preumonea Joban	
9. Industry or business in which	ome		
work wes dona, es SILK MILL, SAW MILL, BANK, etc.	·		
	11. Total time (yaars) spent in this		
year)	occupetion	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	7 A		
	Valla	,	
14. BIRTHPLACE (city or town)	·	Name of operation	
(State or country)	nd a	What test confirmed diegnosis? Was there an euto	psy?
15. MAIOEN NAME Mary H	anck	23. II death was due to axternel ceuses (VIOLENCE) fill in elso the following:	
15. MAIOEN NAME Mary to 16. BIRTHPLACE (city or town)		Accidant, suicida, or homicide? Date of Injury	., 19
(Stata or country)	yrang	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT MAD . Waller (Address) manches	ter hid	Specify whether injury occurred in INDÚSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	11:17	Manner of Injury	
Place Manchester 0	ate	Nature of Injury	
19. UNOERTAKER Jaco V. Wass	les Sous	24. Wes disease or Injury In any wey ralated to occupation of daceased?	
(Addrass) / manale	ster ma	If so, specify PF Wells	м. В
20. FILEO JU. 6 , 19 3 2 11 12	Registrar.	(Signad) Hanchester	М. D.
	account.	(1.00.000)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V.S.	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	CE F	OR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------	------	----	---------	------------	----	-----------

MARGIN RESERVED FOR BINDIN

V. S. No. 1

N. B.—WRICH PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. RHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03985
1. PLACE OF DEATH	- Ine
county barroll	Pagintentian Diet No. 744
Village or City Dy Kervelle	No. Dring ful State for st, Ward
Length of residence in city, or town where death occurred yrs	f death occurred in a hospital or institution, give its NAME instead of street and number)  s ds. How long in U.S. if of foreign birth?  ds
2. FULL NAME Nerman Werner	, , , , , , , , , , , , , , , , , , ,
(3) Residence: No. 222 6. Gross (Usual place of abode)	St., Ward. Balkenge 2004  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  1. COLOR DR RACE OR DIVDRCED (agrice the word)  5. SINGLE, MARRIED, WIDOWED, OR DIVDRCED (agrice the word)	21. DATE OF DEATH UP ( 30 (Year) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. Sep. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Unk- Unk- 1908.	Hast sawh in alive on april 30 th, 1932; doubt is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at //
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done as SILK MILL	Lobas Pricumoria as 128
SAW MILL, BANK, etc.	1932
10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) 2 11. (State or country)	Other Contributory Causes of importance:
13. NAME IL. J. Werner	are Montal deterioration, Physical 19711
(State or country)  14. BIRTHPLACE (city or lown)  (State or country)  (State or country)	Name of operation. Howe Legas Vigos Date of What test confirmed diagnosis? Was there an autopsy? No
15. MAIOEN NAME CONTROVON	23. If death was due to external causes (VIOL ENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Stringfield State Itos. (Record (Address) Sy Kesville, md.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cedew All Central Incry 3, 1932	Manner of injury
19. UNDERTAKER Margaret & Flynn (Address) 1422 Light St	24. Was disease or injury in any way related to occupation of deceased?
20. FILEBULGO , 1932 CHarry Heer Registrar.	(Signed) folia A. Morris. M.D. M.D. (Address) (S. J. N.) Diskesville Md.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
217107100801070010	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run aver by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DURE TO			3 3
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A PERMANENT RECORD. Every item of infor-PHYSICIANS Exact statement EXACTLY. properly classified. MARGIN RESERVED FOR BINDING stated WITH UNFADING INK-THIS IS AGE should CAUSE OF DEATH in plain terms, so that it may should be carefully supplied.

mation

V. S. No. 1 N. B. should state

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH Maryland Tuberculosis Sanatorium 1. PLACE OF DEATH Colored (23) County Carroll Registration Dist. No. 74 Henryton. Marvlan above Village or City

	(a) Residence: No GE	althers,	(Usual place		G • St., Ward.  If nonresident give city or town and S	itate	
	PERSONAL AN	D STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE Nale Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single			OR DIVORCE	(write the word)	21. DATE OF DEATH April, 17, 1932		
5e. I	f married, widowed, or divo HUSBAND of (or) WIFE of	rced			22. I HEREBY CERTIFY, That I attended do Oct. 12, 19319 to April, 17,		
6. D	ATE OF BIRTH (month, day	end veer) Set	t., 1.	1904		deeth is sa	
7. A	GE Years Months Days If LESS than 1 day,hrs			1 day,hrs.	to have occurred on the date stated above, at 12.00m. Noon.  The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance	n.	
TION	8 Trade profession or particular				Pulmonary Tuberculosis	Oate of onset	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  Maryland				t in this	Other Contributory Causes of Importance:		
	(State or country)  13. NAME	Leon We					
E	14. BIRTHPLACE (city or to (State or country)				Name of operation Date of	7.	
I -	15. MAIDEN NAME	Fannie	Thomps	son	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
16. BIRTHPLACE (city or town)   (State or country)   Maryland				. D.	Accident, suicide, or homicide? Date of injury  Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLAC		
	BURIAL, CREMATION, OR R		4.16	120 5 2	Manner of injury		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

Local

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	ample I		Example II		
The principal cause of dea of importance were as follow	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	MAY 4 1032	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU	July 5, 1927	Peritonitis	3 days ago	
	la_s.s.	get .			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state

stated EXACTLY. properly classified.

pe

AGE should be

Exact statement of OCCUPA-

V. S. No. 1

ż

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 63987
1. PLACE OF DEATH	20
County Carroll	Registration Dist. No. 74
Village or City Sykesville	No. Armafield State Hospital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
length of residence legity as town where death assured 2/ yes /0 mag	death occurred in a notification, give its IVAIVIE instead of street and number)  . / 9 _ ds. How long in U.S. if of foreign birth? yrs ds.
2. FULL NAME John Hollard	y us. How long in 0.0.11 of long in 0.11.
(a) Residence: No. Prince George's Cornety Mod (Usual place of abode)	St., Ward. Ownce Seonges County. Md.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWEO, OR DIVORCED (write the word)  Single	21. DATE OF DEATH april 2nd 1932 (Month) (Oay) (Year)
5a. If married, widowed, or divorced	(1001)
HUSBANO of (or) WIFE of	22. 1 HEREBY CERTIFY. That I attended deceased from
	July 26 " ,1915, to april 2nd ,1932
6. DATE OF BIRTH (month, day, and year) atober 32 1879	Plast saw nun alive on april 1st 1932; death is said
7. AGE Years   Months   Oays   If LESS than	to have occurred on the date stated above, at /2.40 A.m.
54 ha given M. Book of min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, Lawyer SAWYER, BOOKKEEPER, etc.	le see of Paralesses of the Prior to
SAWYER, BOOKKEEPER, etc.	Teneral Varalysis of the 1930
9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Insant.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at May 1909 this occupation (month end May 1909 year)  11. Total time (yeers) spent In this occupation	
12. BIRTHPLACE (city or town) Washington D.C.	Other Contributory Causes of Importence:
(State or country)	
II 13. NAME John N. Wollard.	
13. NAME John N. Wollard  14. BIRTHPLACE (city or town) Mashington A. C.  (State or country)	Neme of operation Novel  (Neurological of Serial office)  What test confirmed diagnosis?  Was there an autopsy?  No
# 15. MAIDEN NAME Lusan Finckel	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Susan Tunckel  16. BIRTHPLACE (city or town). Mashington (State or country)	Accident, suicide, or homicide?Oate of Injury, 19
17. INFORMANT Mungfuld State Hospital (Records)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL Q. Oote Ofu 4, 1937	Manner of injury
19. UNDERTAKER Stelle Song Fire. (Address) Sigkerille Mid.	24. Was disease or injury in any way related to occupation of deceased? Zwo
20 FILED She. 2 1932 Chany Weer	(Signed) John n. morris. M. O.
Registrar.	(Address) ( S. S. N.) Pupesville Mil.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
1		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

f infor

nfor-	state	JPA-	
1 of 1	pluo	1000	
iten	sh	Jo	/
D. Every	SICIANS	tatement	
KEGE KEGE KEGE KEGE KEGE KEGE KEGE KEGE	7. PHY	Exact s	
THE UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-	ly supplied. AGE should be stated EXACTLY. PHYSICIANS should state	lain terms, so that it may be properly classified. Exact statement of OCCUPA-	
IS A PE	stated E	properly	See instructions on back of certificate.
HIS	be	pe	Je.
K-T	plnous	it may	n back
ING I	AGE	e that	tions o
UNFAD	upplied.	terms, s	e instruc
H	lly s	lain	Se

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

important

S

LION

OF

(State or country)

16. BIRTHPLACE (city of town) (State or country

18, BURIAL, CREMATION, OR REMOVA

(Address)/it. &

19. UNDERTAKER (Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_ (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) named (Dey) (Year) 5e. If merried, widowed, or divorced HUSBAND of 22. That I attended deceesed from (or) WIFE of 6. DATE OF BIRTH (month, dey, end yeer) Months If LESS than Deys to heve occurred on the date stated ebove, et ..... 1 dev.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance 0 or .... min. were es follows: Date of enset 8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at 11. Total time (yeers) this occupetion (month and spent in this occupetion Other Contributory Causes of importance (State or country)

What test confirmed diagnosis? 23. If deeth was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Dete of Injury\_\_\_\_ Where did injury occur?\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury Nature of injury

24. Was disease or injury in any way related to occupetion of deceesed? If so, specify

(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis (A) (1937)	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURZAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	*
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

MARGIN RESERVED FOR BINDING

-WRI

ż

# STATE OF MARYLAND-CERTIFICATE OF DEATH

03989

1. PLACE OF DEATH			(181)	,
/ County Carro	11		Registration Dist. No. 7	4
Village or CitySykesy  Length of residence in city or town		(lí	No. Springfield State Hosp St.,  f death occurred in a horpital or institution, give its NAME instead of street and it.  16ts. How long in U.S. if of foreign birth?	number)
2. FULL NAME Mary	Frances Wv	lev	Vist.	
(a) Residence: No. Lai		\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STA	TISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RAC	OR DIVORCED	(write the word)	21. DATE OF DEATH April (Month) 12 (Day)	, 193.2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas	Wyley		22. I HEREBY CERTIFY. That I attended March 26, 19 32 to April 12,	
8. Trede, profassion, or particuler kind of work done, as SPINNI SAWYER, BOOKKEEPER, etc  9. Industry or business in which work wes done, as SILK MILL SAW MILL, BANK, etc  10. Deta deceased lest worked at this occupation (month and year)	ths Deys 11 21 Housework Practical . 11. Totel time spent	If LESS than I day,hrs. ormin. and Nurse	i lest saw h. er alive on. April 12 19.32 to have occurred on the data stated abova, el2:30 nP.M. The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: General Arteriosclerosis with Chronic Interstitial Nephritis and Over Cardiac Decompensation  Other Contributory Causes of Importance: Extensive "bed sores"	Date of onset
III. NAME James	Chanev			-
	Laurel,		Name of operation Dete of What tast confirmed diagnosis? Was there en o	eutopsy?
16. BIRTHPLACE (city or town) (Steta or country)  17. INFORMANT HOSpita	Laurel, Md. Records		23. If death was due to externel ceuses (VIOL ENCE) fill in elso the following Accident, suicida, or homicide? Dete of injury Where did injury occur? (Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	, 19
(Address)  18. BURIAL, CREMATION, OR REMOVAL Place August  19. UNDERTAKER (Address)	Detropice	(15 ,193)	Menner of Injury  Natura of injury  24. Wes disaese or injury in any way related to occupetion of deceased?	
20. FILED Sfee. 12, 1937	CHany	Neer Registrar.	(Signed) John L. Wethere a	M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURAAU V. S			
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

STATE OF MARYLAND—C	CERTIFICATE OF DEATH 03930
1. PLACE OF DEATH	960
County Garrall	Registration Dist. No.
Village or City Greenmunt (If	No
Length of residence in city or town where deeth occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsf_mosds.
2. FULL NAME James J. Jin	gling
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 4 , 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ada M. Yinghing (or) WIFE of Ada M. Jinghing 21 1865	22. I HEREBY CERTIFY, Thet I ettended deceased from  19 to On Arrival  I last saw h elive on 19 ; deeth Is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, et _ 1 30 A m.
66 4 2 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chighea Bectons Sudden
work was done, es SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) for occupation	City Contribution Course of Importance
12. BIRTHPLACE (city or town) (State or country)  13. NAME  Servede Minesline	Other Contributory Causes of Importance:
13. NAME Searce Granding  14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country) Mendlend	What test confirmed diegnosis? Was there an eulopsy? Tue
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)	23. If deeth was due to external ceuses (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Greenmunt Date Up 1932	Nature of injury.
19. UNDERTAKER Jacob Winfe's Sons	24. Wes disease or Injury In any way releted to occupation of deceesed?
20. FILED april 5, 1932 Javin S. Leister Registrar.	(Signed) M. D. (Address) Marchesley M.d.
If more blanks are needed address State Registrar	2411 N. Charles Street Beltimore Requesting T. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURCAU V. S			
Province 100 mg			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	
		, i	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PH	YSICIAN
-----------------------------------------------	---------